

October 2018





#### Dear Health Insurance Consumer,

What are the health insurance options available in Connecticut? One way to find out is to read the latest issue of the Insurance Department's annual "Consumer Report Card on Health Insurance Carriers in Connecticut."

Since 1998, the Department has been providing consumers with information about health plans on a variety of quality measures, including preventative care, treatment, pregnancy and substance abuse/mental health coverage as well as customer satisfaction. The Report Card helps consumers make informed choices when selecting a health plan.

This edition takes a look back at the 2017 performance of four Health Maintenance Organizations (HMOs) and eight health insurance companies that cover a total of 2.2 million people. Some of the trends we have noted are:

- 83.5 percent of those covered (1.85 million people) get their insurance from large group plans
- 131,000 people have individual plans (5.9 percent)
- 235,000 people are covered under small group plans (10.6 percent)
- There was an increase in the number of primary care providers, specialists and pharmacies participating in health plan networks
- Customers surveyed said they were always or usually able to see a specialist or get routine care as soon as they wanted

As always, the Department stands ready to assist consumers with questions about this report or on any insurance issue. Please e-mail us at <a href="mailto:insurance@ct.gov">insurance@ct.gov</a> or call us at 860-297-3900.

We hope you find this edition useful and informative.

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Katharine L. Wade

INSURANCE COMMISSIONER

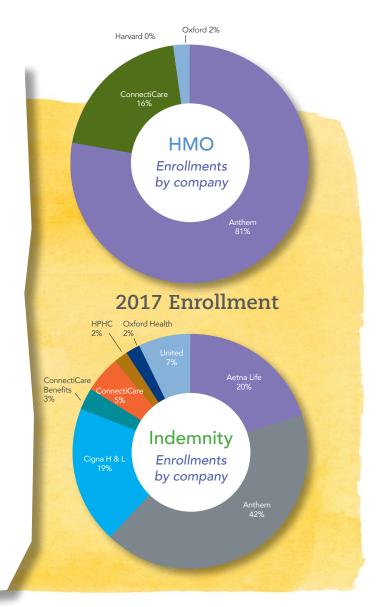






## Objective

Connecticut's health insurance marketplace is dynamic as companies look for ways to better serve customers across the state. This annual consumer report card – the state's 21st – paints a picture of the 4 health maintenance organizations (HMOs) and 8 indemnity insurance companies and the benefits and services they provide to over 2.2 million state residents. The data was collected from the companies by the Connecticut Insurance Department and is designed to deliver side-by-side comparisons of various health insurance plans and care measures. This report card offers consumers information on their health insurance options by providing data and trends on insurance purchasing and use.



Companies showing as 0% were insuring less than 1% of the total served by these companies in the state.

## Methodology

This data was collected by the Connecticut Insurance Department CID from the insurance companies. CID selected the data points, including care measures, claim denials, medical loss ratios, utilization review data, and member satisfaction survey results, based on legislation passed by the Connecticut General Assembly.

This report includes three years of data, where available, to be informative for consumers. While many of these data points are available over the 21 years since the report's inception, there have been significant changes in insurance provisions due to the implementation of the federal Patient Protection and Affordable Care Act, also known as the Affordable Care Act (ACA), and some of the data elements collected have changed over time.

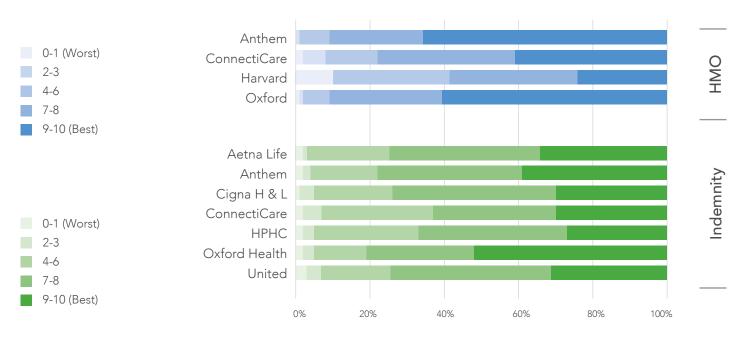
## Summary of Findings

## Overview of All Companies

Total enrollment for the companies included in this Report Card was just over 2.2 million in 2017, with a small increase from 2016. As in the previous year, the largest share of enrollment in 2017 was in Indemnity companies (89.5% of enrollment) and in large group plans (83.5% of enrollment). From 2016 to 2017, there were increases in the number of participating primary care providers, physician specialists, and pharmacies from 2016 to 2017; while there was a decline in the number of participating hospitals, this was primarily due to consolidations in the industry and not facilities closing.

#### Member Satisfaction

When surveyed, members of the insurance plans included in this report are much more likely to classify their plans as 7 or better on a scale of 0 (worst) to 10 (best). Members also generally reported that they were always or usually able to see a specialist or obtain routine care as soon as they wanted.



Note: ConnectiCare Benefits did not provide results for 2017 as responses were too low for 95% confidence level.

The companies included in this report are providing coverage for a range of health services to Connecticut residents.









Preventative

Treatment

Pregnancy

Mental Health

As seen in the table below, both HMOs and Indemnity companies are providing coverage for a range of care services to insured residents in Connecticut for preventative care, treatment, pregnancy, and mental health.

#### Care Measures

Care measures reflect the percentage of the members/enrollees who have accessed specific covered benefits. The care measures included in this Report Card are:

#### **PREVENTATIVE**

**Breast Cancer Screening** 

Cervical Cancer Screening

Colorectal Cancer Screening

Eye Exams for People with Diabetes

Childhood Immunizations

Immunizations for Adolescents

Children and Adolescent Access to Primary Care Physicians

Adult Access to Preventive and Ambulatory Care, Ages 20 - 44

Adult Access to Preventive and Ambulatory Care, Ages 45 - 64

#### **TREATMENT**

Controlling High Blood Pressure

Beta Blocker Treatment After a Heart Attack

#### **PREGNANCY**

Prenatal Care in the First Trimester

Postpartum Care Following Delivery

#### MENTAL HEALTH

Follow-Up After Hospitalization for Mental Illness

Follow-up After Emergency Department Visit for Mental Health

Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Anti-Depressant Medication Management

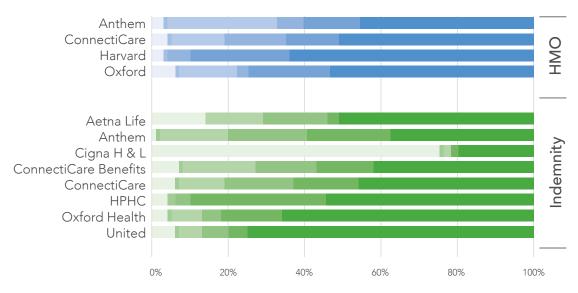
#### Utilization Review

Utilization Review (UR) is the process by which a health plan determines whether the treatment or services prescribed by a physician are medically necessary to treat a condition. There were over 293,000 UR requests in 2017, a decrease from 2016. Most UR requests were for medical care, although over 8% of requests concerned mental health/substance abuse treatment. Most of the review requests were based on medical necessity (95.8%), while 18.4% of UR requests were denied in 2017 for a variety of reasons.

#### Claims Denial

The 12 insurance companies included in this year's Report Card received just over 14.1 million claims in 2017, a decrease from the 15.2 million claims they received in 2016.

#### Reasons for Claims Denials as Percentage of All Denials 2017

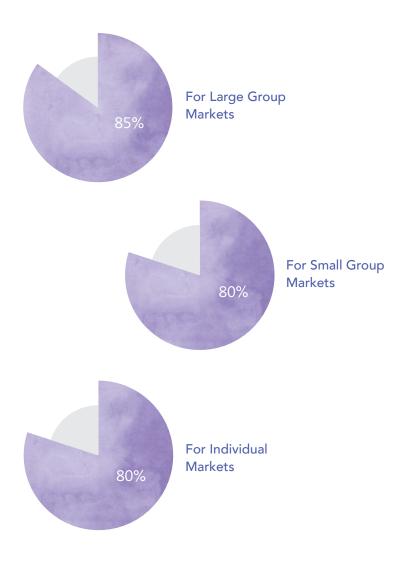




#### Federal Medical Loss Ratio

Medical loss ratio (MLR) is the proportion of premiums spent on medical expenses and certain quality improvement activities. Under federal law, any company that does not meet the minimum loss ratio requirement may be required to pay rebates in that market. This provision adds additional consumer protections, especially in the large group market where insurance companies are not required to file rates with the Insurance Department.

#### Federal Standard for MLR



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# Managed Care Organizations INCLUDED IN THIS REPORT

The companies will be referenced by the abbreviations shown in **bold face type.** Some companies may be servicing existing business and not currently issuing new business.

#### **HMO**

Abbreviated Name	Company Name	Website	Phone
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple
ConnectiCare	ConnectiCare, Inc.	www.connecticare.com	(800) 251-7722
Harvard	Harvard Pilgrim Health Care of CT, Inc	www.harvardpilgrim.org	(888) 333-4742
Oxford	Oxford Health Plans (CT), Inc.	www.oxhp.com	(800) 666-1353

#### Indemnity

Abbreviated Name	Company Name	Website	Phone
Aetna Life	Aetna Life Insurance Company	www.aetna.com	(800) 962-6842
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple
Cigna H & L	Cigna Health and Life Insurance Company	www.cigna.com	(888) 244-6224
ConnectiCare Benefits	ConnectiCare Benefits, Inc.	www.connecticare.com	(800) 251-7722
ConnectiCare	ConnectiCare Insurance Company, Inc.	www.connecticare.com	(800) 251-7722
НРНС	HPHC Insurance Company, Inc.	www.harvardpilgrim.org	(888) 333-4742
Oxford Health	Oxford Health Insurance, Inc.	www.oxhp.com	(800) 666-1353
United	UnitedHealthcare Insurance Company	www.uhc.com	(800) 666-1353

#### **Managed Care Organizations**

INCLUDED IN THIS REPORT

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Abbreviated Name	Markets to Individuals	NCQA Accreditation
Anthem	<b>~</b>	Excellent
ConnectiCare	<b>✓</b>	Commendable
Harvard		n/a
Oxford		Commendable

#### Indemnity

Abbreviated Name	Markets to Individuals	NCQA Accreditation
Aetna Life		Commendable
Anthem	<b>✓</b>	Accredited
Cigna H & L		Commendable
ConnectiCare Benefits	<b>✓</b>	Accredited
ConnectiCare	<b>✓</b>	Commendable
HPHC		n/a
Oxford Health		Commendable
United		Commendable

## National Committee for Quality Assurance (NCQA)

The National Committee for Quality Assurance is a not-for-profit organization that reviews quality and performance measures of HMOs and health plans, providing an independent standard of accountability.

Excellent awarded to organizations with programs for service and clinical quality that meet or exceed rigorous requirements for consumer protection and quality improvement. The organization must also achieve HEDIS results in the highest range of performance.

Commendable awarded to organizations with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

Accredited awarded to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take further action to achieve a higher accreditation status.

Provisional awarded to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take significant action to achieve a higher accreditation status.

**Denied** given to an organization whose programs for service and clinical quality did not meet NCQA requirements during the accreditation survey.

 ${\it n/a}$  indicates the health plan has not applied for NCQA accreditation.

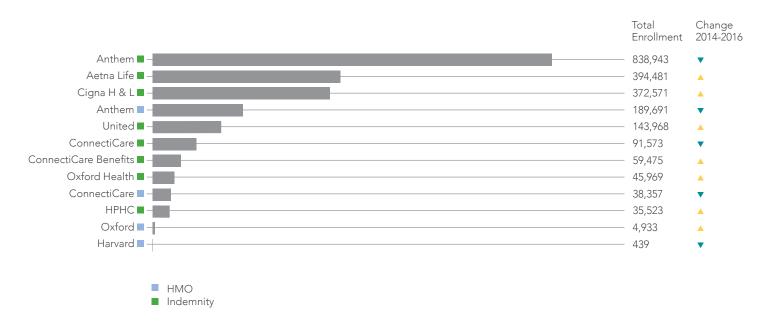
# Managed Care Organizations 2017 ENROLLMENT

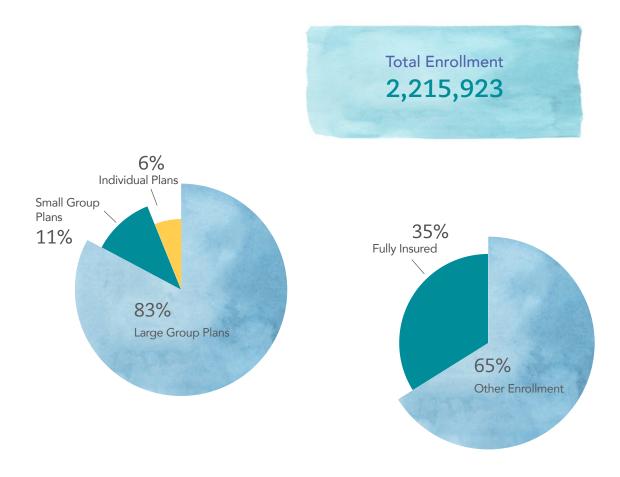
НМО	FULLY INSURED		OTHE	R ENROLLI	MENT	TOTAL ENROLLMENT			
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
Anthem	12,983	2,169	8,709	0	0	165,830	12,983	2,169	174,539
ConnectiCare	172	16	30,512	0	0	7,657	172	16	38,169
Harvard	0	370	69	0	0	0	0	370	69
Oxford	0	901	4,032	0	0	0	0	901	4,032
Totals	13,155	3,456	43,322	0	0	173,487	13,155	3,456	216,809

Indemnity	FULLY INSURED		OTHE	R ENROLLI	MENT	TOTAL ENROLLMENT			
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
Aetna Life	720	74,314	79,244	0	0	240,203	720	74,314	319,447
Anthem	33,432	79,634	46,972	0	0	678,905	33,432	79,634	725,877
Cigna H & L	535	0	31,770	46	0	340,220	581	0	371,990
ConnectiCare Benefits	59,475	0	0	0	0	0	59,475	0	0
ConnectiCare	23,933	24,199	43,441	0	0	0	23,933	24,199	43,441
HPHC	0	22,661	12,862	0	0	0	0	22,661	12,862
Oxford Health	0	29,586	16,383	0	0	0	0	29,586	16,383
United	0	1,487	142,481	0	0	0	0	1,487	142,481
Totals	118,095	231,881	373,153	46	0	1,259,328	118,141	231,881	1,632,481

#### **Managed Care Organizations**

2017 ENROLLMENT





The total enrollment includes people with private health insurance through individual policies or through their employer's fully-insured or self-insured plans. The enrollment does not include Medicare or Medicaid enrollees. CID has statutory authority over fully-insured plans, therefore the remainder of this book contains information on fully-insured plans and does not include information on self-funded plans, Medicare and Medicaid.

#### Terms Consumers Should Know

Here is a list of common terms used in this Report Card and in health insurance generally:

Adverse determination A decision that denies, reduces, or terminates a health insurance benefit sought by an enrollee or his or her provider.

**Board certified physician** A doctor who has passed the medical examination for a particular practice specialty.

**Case management** A process that coordinates plans of treatment to achieve optimal patient outcomes.

**Center for Medicare & Medicaid Services** The federal government agency that administers Medicare and oversees the state's administration of the Medicaid program.

**Coinsurance** A fixed percentage of the medical costs that an enrollee must pay that may be in addition to any deductible.

Copayment (copay) A flat fee that an enrollee must pay each time a service is used that may be in addition to any deductible.

**Deductible** The dollar amount of medical costs in a calendar or contract year that an enrollee must pay before the plan makes any payments.

**Drug formulary** The list of prescription drugs for use under the plan.

**Emergency treatment** This is treatment for a condition of acute symptoms, including severe pain, in which a prudent person would believe their health to be in serious jeopardy should he or she not receive immediate medical attention.

**Enrollee** A person and his or her eligible dependent(s) who participate in a managed care plan.

Fee for service The plan pays the provider a fee for each service provided.

Fully insured plan The plan is backed by an insurance policy that guarantees benefits in exchange for premium payments.

Gatekeeper plan A plan that requires an enrollee's primary care physician to make a referral to a specialist in order for the plan to cover costs of the specialist's services.

Health maintenance organization (HMO) With this type of organization, subscribers pay a predetermined fee (premium) for medical services. Participating providers are registered with the organization.

Indemnity managed care organization (indemnity MCO) A licensed insurer that offers a managed care plan.

**Indemnity plan** A health insurance plan that provides reimbursement for medical services covered by the plan.

Managed care plan A plan offered by a managed care organization that has a network of providers and performs utilization review.

Managed care organization (MCO) An organization, whether HMO or indemnity insurer, that offers managed care plans.

Maximum lifetime benefit The maximum dollar amount that a plan will pay out during an enrollee's lifetime for nonessential benefits.

Federal medical loss ratio (MLR) The percentage of premium used to pay claims and certain permitted expenses.

#### National Committee on Quality Assurance (NCQA)

A national not for profit that reviews plans' quality and performance measures and confers accreditation.

**Network** The group of providers that are under contract with an MCO to deliver medical services to enrollees for an agreed-upon fee. Generally, benefits for covered services will be higher than those for out-of-network providers.

Point of service plan (POS) A managed care plan that permits enrollees to utilize out-of-network providers, at lower levels of benefits or coverage.

Preferred provider organization (PPO) An independent group of providers that enters into a contract with an MCO to provide health services.

**Premium** The on-going amount paid for health insurance coverage, often monthly. Premium levels are proposed by the MCOs and approved by CID based on actuarial reviews where required by law.

Primary care physician (PCP) A physician practicing General Internal Medicine, General Practice, Family Practice, General Pediatrics or OB/GYN selected by an enrollee for his or her primary care. For the purposes of this report, however, OB/GYNs are categorized under specialist.

**Preauthorization** A plan may require that services or treatment be preapproved before they will be covered. Also referred to as "precertification" or "prior authorization."

**Provider** A physician, hospital, nursing home, pharmacy, lab, or other individual or group that provides health care services.

Reasonable and customary fee The commonly charged or prevailing fee for a given health service in a specific geographic area.

**Referral** The request by a primary care physician to an MCO for an enrollee to receive care from a specialist.

**Self-insured plan** A group plan under which an employer takes on the risk to pay claims, but may contract with a third party to administer the plan. These plans are not overseen by CID but are regulated under the federal Employee Retirement Income Security Act of 1974 (ERISA).

**Utilization review (UR)** The process used by a plan to determine whether the treatment, services or setting prescribed by a provider is appropriate or medically necessary for an enrollee. It may be conducted by any organization licensed in Connecticut to perform utilization reviews.

#### Frequently Asked Questions

The information in this Report Card is based on data provided by the MCOs as of year end 2017. This Report Card does not contain information on specific plans offered by the MCOs. Each MCO offers several different plans and often tailors them to a specific policyholder's needs. You will need to get additional information from the MCO or your employer to make your choice. In addition to this Report Card, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

Q.

What types of plans are covered in this comparison?

A.

Managed Care Plans offered by HMOs or traditional indemnity companies. These plans attempt to manage the access, cost and quality of health care by promoting early detection and preventive care.

Q.

How does CID get its information for this Report Card?

A.

CID sends a series of surveys to the companies. Their answers to our questions are summarized and included in this Report Card.

Q.

Who can I call if I have questions about the information contained in this Report Card?

A.

CID's Consumer Affairs Division at 1-800-203-3447.

Q.

Does this Report Card evaluate all benefit options?

A.

No. Because different plans provide different benefits, it would be nearly impossible to do so. Also, many benefits are mandated by law and therefore would be the same across plans.

Q.

Who can I call if I have questions about specific benefit options?

A.

Your employer, your insurer, or your independent agent.

Q.

Does this Report Card include information regarding Medicare, Medicaid and other entitlement programs?

A

No.

Q.

Does this Report Card also rate Medicare or Medicaid coverage and service?

Α.

No, the Report Card compares the performance of private, commercial insurers. Medicare is the federal health insurance program for people who are 65 or older and younger individuals with disabilities. Medicare information is available at www.Medicare.gov or through the Connecticut CHOICES at the Department on Aging at www.ct.gov/agingservices. Medicaid provides health coverage for low-income populations. In Connecticut, Medicaid is administered by the state Department of Social Services. More information can be found at www.ct.gov/dss.

Q.

How are health insurance premiums set?

A.

Under Connecticut law, individual and small group health insurance rates must be approved by CID. CID conducts an actuarial review of a health insurer's proposed rates to determine if they are reasonable in relationship to the benefits being provided and are not excessive, inadequate or unfairly discriminatory. CID posts all rate requests on its web site. There is opportunity for the public to comment online or at a public hearing.

HMO		Anthem	ConnectiCare
Percentage of Managed Care men	nbers surveyed	6.00%	1.13%
Percentage of those surveyed w	vho responded	18.55%	14.98%
	Never	1.05%	3.13%
Q: In the last 12 months, how often did you	Sometimes	10.00%	9.38%
get an appointment with a specialist as soon as you needed?	Usually	25.79%	25.00%
	Always	63.16%	62.50%
	Never	0.85%	2.56%
Q: In the last 12 months, how often did you get an appointment for a check-up or routine	Sometimes	9.83%	10.26%
care at a doctor's office or clinic	Usually	27.35%	28.21%
as soon as you needed?	Always	61.97%	58.97%
	Never	1.85%	0.00%
Q: In the last 12 months, when you	Sometimes	9.26%	5.00%
needed care right away, how often did you get care as soon as you needed?	Usually	13.89%	15.00%
	Always	75.00%	80.00%
	Never	0.86%	0.00%
Q: In the last 12 months, how often	Sometimes	6.90%	4.76%
was it easy to get care, tests or treatment you needed?	Usually	28.45%	35.71%
	Always	63.79%	59.52%
	Never	8.45%	5.88%
Q: In the last 12 months, how often did the written materials or Internet provide	Sometimes	29.27%	29.41%
the information you needed about	Usually	50.00%	35.29%
how your health plan works?	Always	12.20%	29.41%
	Never	3.80%	0.00%
Q: In the last 12 months, how often did your health plan's customer service	Sometimes	21.52%	7.69%
give you the information or	Usually	26.58%	46.15%
help you needed?	Always	48.10%	46.15%

Harvard	Oxford
39.00%	31.00%
16.80%	18.00%
9.10%	3.00%
0.00%	11.00%
36.40%	33.00%
54.50%	53.00%
0.00%	2.00%
44.00%	14.00%
16.00%	28.00%
40.00%	56.00%
0.00%	1.00%
0.00%	11.00%
20.00%	19.00%
80.00%	70.00%
0.000/	0.000/
0.00%	0.00%
20.00%	8.00%
36.00%	29.00%
44.00%	66.00%
11.10%	3.00%
11.10%	31.00%
55.60%	46.00%
22.20%	20.00%
0.00%	1.00%
20.00%	14.00%
40.00%	24.00%
40.00%	61.00%
	1

Indemnity		Aetna Life	Anthem	Cigna H & L
Percentage of Managed Care mem	bers surveyed	1.65%	0.89%	100.00%
Percentage of those surveyed w	ho responded	18.97%	16.70%	20.00%
	Never	1.30%	5.11%	2.00%
Q: In the last 12 months, how often did you	Sometimes	11.69%	10.22%	10.00%
get an appointment with a specialist as soon as you needed?	Usually	32.47%	28.47%	35.00%
	Always	54.55%	56.20%	53.00%
	Never	1.94%	2.06%	0.00%
Q: In the last 12 months, how often did you get an appointment for a check-up or routine	Sometimes	18.45%	17.01%	16.00%
care at a doctor's office or clinic	Usually	31.55%	30.93%	31.00%
as soon as you needed?	Always	48.06%	50.00%	53.00%
	Never	1.18%	1.04%	2.00%
Q: In the last 12 months, when you	Sometimes	8.24%	11.46%	9.00%
needed care right away, how often did you get care as soon as you needed?	Usually	21.18%	20.83%	21.00%
	Always	69.41%	66.67%	68.00%
	Never	1.44%	3.50%	2.00%
Q: In the last 12 months, how often	Sometimes	6.73%	4.50%	5.00%
was it easy to get care, tests or treatment you needed?	Usually	36.54%	37.00%	36.00%
	Always	55.29%	55.00%	57.00%
	Never	5.22%	2.78%	4.00%
Q: In the last 12 months, how often did the written materials or Internet provide	Sometimes	36.52%	23.61%	29.00%
the information you needed about how your health plan works?	Usually	41.74%	62.50%	46.00%
now your nealth plan works?	Always	16.52%	11.00%	21.00%
	Never	0.00%	1.52%	2.00%
Q: In the last 12 months, how often did your health plan's customer service	Sometimes	22.35%	13.64%	26.00%
give you the information or	Usually	25.88%	28.79%	28.00%
help you needed?	Always	51.76%	56.00%	44.00%

2017 DATA

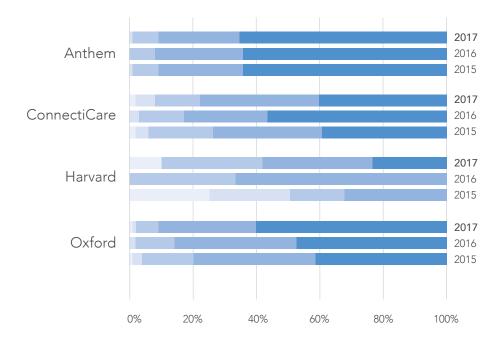
ConnectiCare	НРНС	Oxford Health	United
1.12%	5.00%	3.00%	1.00%
15.18%	17.00%	21.00%	16.00%
3.70%	2.80%	2.00%	3.00%
13.89%	11.80%	12.00%	15.00%
24.07%	32.00%	37.00%	31.00%
58.33%	53.40%	49.00%	51.00%
0.77%	1.60%	2.00%	0.00%
17.69%	16.90%	16.00%	15.00%
26.92%	28.40%	31.00%	33.00%
54.62%	53.10%	52.00%	52.00%
1.32%	0.80%	0.00%	1.00%
7.89%	10.00%	6.00%	10.00%
18.42%	22.50%	26.00%	20.00%
72.37%	66.70%	68.00%	69.00%
0.00%	0.00%	1.00%	1.00%
0.00%			
8.96%	9.70%	9.00%	9.00%
39.55%	38.00% 52.00%	31.00% 59.00%	34.00%
31.47/0	32.00%	39.00%	36.00%
2.00%	1.90%	3.00%	5.00%
40.00%	31.40%	38.00%	30.00%
44.00%	46.70%	41.00%	40.00%
14.00%	20.00%	18.00%	25.00%
5.26%	4.90%	4.00%	9.00%
24.56%	14.60%	13.00%	27.00%
29.82%	32.90%	34.00%	21.00%
40.35%	47.60%	48.00%	43.00%

Note: ConnectiCare Benefits did not provide results for 2017 as responses were too low for 95% confidence level.

HEALTH PLAN RATING

**Q:** How would you rate your health plan, on a scale of 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible?





0-1 (Worst)

2-3

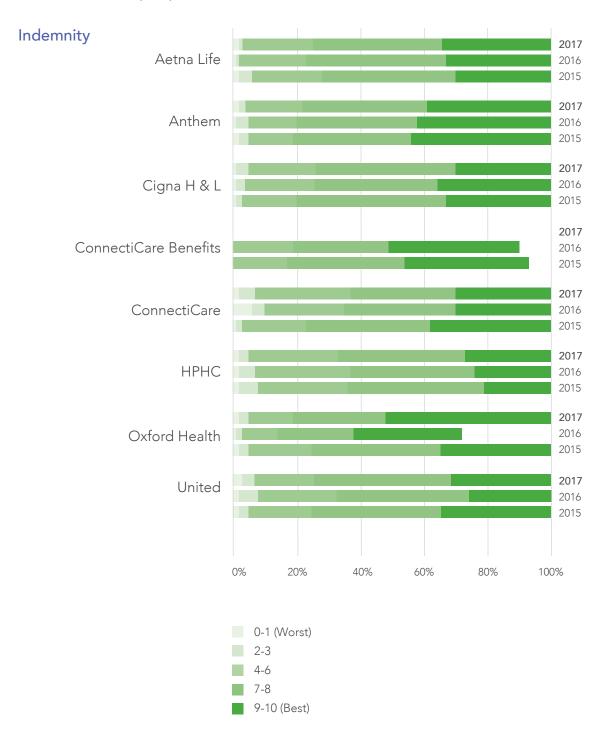
4-6

7-8

9-10 (Best)

HEALTH PLAN RATING

**Q:** How would you rate your health plan, on a scale of 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible?



Note: ConnectiCare Benefits did not provide results for 2017 as responses too low for 95% confidence level. Totals for ConnectiCare Benefits (2015 and 2016) and Oxford Health (2016) do not equal 100% due to data provided by the companies.

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MO - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	10,622	840	11,462
1. Based on medical necessity	10,355	831	11,186
2. Based on anything other than medical necessity	267	9	276
B. The total number of UR requests in A that were denied.	772	35	807
1. Based on medical necessity	764	30	794
2. Based on anything other than medical necessity	8	5	13
The percentage of UR requests that were denied based on A.	7.27%	4.17%	7.04%
1. Based on medical necessity	7.38%	3.61%	7.10%
2. Based on anything other than medical necessity	3.00%	55.56%	4.71%
C. The total number of denials in B above that were appealed.	108	17	125
1. Based on medical necessity	102	16	118
2. Based on anything other than medical necessity	6	1	7
The percentage of denials in B above that were appealed.	13.99%	48.57%	15.49%
1. Based on medical necessity	13.35%	53.33%	14.86%
2. Based on anything other than medical necessity	75.00%	20.00%	53.85%
D. The total number of appeals in C that were reversed on appeal.	42	10	52
1. Based on medical necessity	40	10	50
2. Based on anything other than medical necessity	2	0	2
The percentage of appeals in C that were reversed on appeal.	38.89%	58.82%	41.60%
1. Based on medical necessity	39.22%	62.50%	42.37%
2. Based on anything other than medical necessity	33.33%	0.00%	28.57%
E. The total number of appeals in C that were upheld on appeal.	66	7	73
1. Based on medical necessity	62	6	68
2. Based on anything other than medical necessity	4	1	5
The percentage of appeals in C that were upheld on appeal.	61.11%	41.18%	58.40%
1. Based on medical necessity	60.78%	37.50%	57.63%
2. Based on anything other than medical necessity	66.67%	100.00%	71.43%
F. The number of appeals in E that went to external appeal (through CID).	5	0	5
1. Based on medical necessity	5	0	5
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in E that went to external appeal (through CID).	7.58%	0.00%	6.85%
1. Based on medical necessity	8.06%	0.00%	7.35%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
G. The total number of external appeals above in F that were reversed on appeal.	2	0	2
1. Based on medical necessity	2	0	2
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	40.00%	0.00%	40.00%
1. Based on medical necessity	40.00%	0.00%	40.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

IMO - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	11,438	1,006	12,444
1. Based on medical necessity	11,020	1,000	12,020
2. Based on anything other than medical necessity	418	6	424
B. The total number of UR requests in A that were denied.	1,779	38	1,817
1. Based on medical necessity	1,361	32	1,393
2. Based on anything other than medical necessity	418	6	424
The percentage of UR requests that were denied based on A.	15.55%	3.78%	14.60%
1. Based on medical necessity	12.35%	3.20%	11.59%
2. Based on anything other than medical necessity	100.00%	100.00%	100.00%
C. The total number of denials in B above that were appealed.	212	10	222
1. Based on medical necessity	108	10	118
2. Based on anything other than medical necessity	104	0	104
The percentage of denials in B above that were appealed.	11.92%	26.32%	12.22%
1. Based on medical necessity	7.94%	31.25%	8.47%
2. Based on anything other than medical necessity	24.88%	0.00%	24.53%
D. The total number of appeals in C that were reversed on appeal.	56	0	56
1. Based on medical necessity	42	0	42
2. Based on anything other than medical necessity	14	0	14
The percentage of appeals in C that were reversed on appeal.	26.42%	0.00%	25.23%
1. Based on medical necessity	38.89%	0.00%	35.59%
2. Based on anything other than medical necessity	13.46%	0.00%	13.46%
E. The total number of appeals in C that were upheld on appeal.	156	10	166
1. Based on medical necessity	66	10	76
2. Based on anything other than medical necessity	90	0	90
The percentage of appeals in C that were upheld on appeal.	73.58%	100.00%	74.77%
1. Based on medical necessity	61.11%	100.00%	64.41%
2. Based on anything other than medical necessity	86.54%	0.00%	86.54%
F. The number of appeals in E that went to external appeal (through CID).	5	0	5
1. Based on medical necessity	4	0	4
2. Based on anything other than medical necessity	1	0	1
The percentage of appeals in E that went to external appeal (through CID).	3.21%	0.00%	3.01%
1. Based on medical necessity	6.06%	0.00%	5.26%
2. Based on anything other than medical necessity	1.11%	0.00%	1.11%
G. The total number of external appeals above in F that were reversed on appeal.	3	0	3
1. Based on medical necessity	2	0	2
2. Based on anything other than medical necessity	1	0	1
The percentage of external appeals above in F that were reversed on appeal.	60.00%	0.00%	60.00%
1. Based on medical necessity	50.00%	0.00%	50.00%
2. Based on anything other than medical necessity	100.00%	0.00%	100.00%

HMO - H	arvard
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HMO - Harvard	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	82	33	115
1. Based on medical necessity	74	32	106
2. Based on anything other than medical necessity	8	1	9
B. The total number of UR requests in A that were denied.	11	2	13
1. Based on medical necessity	8	1	9
2. Based on anything other than medical necessity	3	1	4
The percentage of UR requests that were denied based on A.	13.41%	6.06%	11.30%
1. Based on medical necessity	10.81%	3.13%	8.49%
2. Based on anything other than medical necessity	37.50%	100.00%	44.44%
C. The total number of denials in B above that were appealed.	1	1	2
1. Based on medical necessity	1	1	2
2. Based on anything other than medical necessity	0	0	0
The percentage of denials in B above that were appealed.	9.09%	50.00%	15.38%
1. Based on medical necessity	12.50%	100.00%	22.22%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
D. The total number of appeals in C that were reversed on appeal.	1	1	2
1. Based on medical necessity	1	1	2
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in C that were reversed on appeal.	100.00%	0.00%	100.00%
1. Based on medical necessity	100.00%	0.00%	100.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
E. The total number of appeals in C that were upheld on appeal.	0	0	0
1. Based on medical necessity	0	0	0
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in C that were upheld on appeal.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
F. The number of appeals in E that went to external appeal (through CID).	0	0	0
1. Based on medical necessity	0	0	0
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in E that went to external appeal (through CID).	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on medical necessity	0	0	0
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

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HMO - Oxford	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	3,153	69	3,222
1. Based on medical necessity	3,110	60	3,170
2. Based on anything other than medical necessity	43	9	52
B. The total number of UR requests in A that were denied.	331	32	363
1. Based on medical necessity	320	23	343
2. Based on anything other than medical necessity	11	9	20
The percentage of UR requests that were denied based on A.	10.50%	46.38%	11.27%
1. Based on medical necessity	10.29%	38.33%	10.82%
2. Based on anything other than medical necessity	25.58%	100.00%	38.46%
C. The total number of denials in B above that were appealed.	56	3	59
1. Based on medical necessity	46	2	48
2. Based on anything other than medical necessity	10	1	11
The percentage of denials in B above that were appealed.	16.92%	9.38%	16.25%
1. Based on medical necessity	14.38%	8.70%	13.99%
2. Based on anything other than medical necessity	90.91%	11.11%	55.00%
D. The total number of appeals in C that were reversed on appeal.	31	1	32
1. Based on medical necessity	24	0	24
2. Based on anything other than medical necessity	7	1	8
The percentage of appeals in C that were reversed on appeal.	55.36%	33.33%	54.24%
1. Based on medical necessity	52.17%	0.00%	50.00%
2. Based on anything other than medical necessity	70.00%	100.00%	72.73%
E. The total number of appeals in C that were upheld on appeal.	13	2	15
1. Based on medical necessity	10	2	12
2. Based on anything other than medical necessity	3	0	3
The percentage of appeals in C that were upheld on appeal.	23.21%	66.67%	25.42%
1. Based on medical necessity	21.74%	0.00%	25.00%
2. Based on anything other than medical necessity	30.00%	0.00%	27.27%
F. The number of appeals in E that went to external appeal (through CID).	0	0	0
1. Based on medical necessity	0	0	0
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in E that went to external appeal (through CID).	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on medical necessity	0	0	0
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Inde	mnity	- Aetna	Life
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Indemnity - Aetha Life	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	4,381	802	5,183
1. Based on medical necessity	4,308	802	5,110
2. Based on anything other than medical necessity	73	0	73
B. The total number of UR requests in A that were denied.	864	93	957
1. Based on medical necessity	832	93	925
2. Based on anything other than medical necessity	32	0	32
The percentage of UR requests that were denied based on A.	19.72%	11.60%	18.46%
1. Based on medical necessity	19.31%	11.60%	18.10%
2. Based on anything other than medical necessity	43.84%	0.00%	43.84%
C. The total number of denials in B above that were appealed.	272	28	300
1. Based on medical necessity	216	27	243
2. Based on anything other than medical necessity	56	1	57
The percentage of denials in B above that were appealed.	31.48%	30.11%	31.35%
1. Based on medical necessity	25.96%	29.03%	26.27%
2. Based on anything other than medical necessity	175.00%	0.00%	178.13%
D. The total number of appeals in C that were reversed on appeal.	93	13	106
1. Based on medical necessity	86	13	99
2. Based on anything other than medical necessity	7	0	7
The percentage of appeals in C that were reversed on appeal.	34.19%	46.43%	35.33%
1. Based on medical necessity	39.81%	48.15%	40.74%
2. Based on anything other than medical necessity	12.50%	0.00%	12.28%
E. The total number of appeals in C that were upheld on appeal.	179	15	194
1. Based on medical necessity	130	14	144
2. Based on anything other than medical necessity	49	1	50
The percentage of appeals in C that were upheld on appeal.	65.81%	53.57%	64.67%
1. Based on medical necessity	60.19%	51.85%	59.26%
2. Based on anything other than medical necessity	87.50%	0.00%	87.72%
F. The number of appeals in E that went to external appeal (through CID).	16	2	18
1. Based on medical necessity	6	2	8
2. Based on anything other than medical necessity	10	0	10
The percentage of appeals in E that went to external appeal (through CID).	8.94%	13.33%	9.28%
1. Based on medical necessity	4.62%	14.29%	5.56%
2. Based on anything other than medical necessity	20.41%	0.00%	20.00%
G. The total number of external appeals above in F that were reversed on appeal.	2	0	2
1. Based on medical necessity	0	0	0
2. Based on anything other than medical necessity	2	0	2
The percentage of external appeals above in F that were reversed on appeal.	12.50%	0.00%	11.11%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	20.00%	0.00%	20.00%

Indemni	:y - A	nthem
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Indemnity - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	77,815	5,472	83,287
1. Based on medical necessity	76,289	5,343	81,632
2. Based on anything other than medical necessity	1,526	129	1,655
B. The total number of UR requests in A that were denied.	10,178	236	10,414
1. Based on medical necessity	10,071	149	10,220
2. Based on anything other than medical necessity	107	87	194
The percentage of UR requests that were denied based on A.	13.08%	4.31%	12.50%
1. Based on medical necessity	13.20%	2.79%	12.52%
2. Based on anything other than medical necessity	7.01%	67.44%	11.72%
C. The total number of denials in B above that were appealed.	688	53	741
1. Based on medical necessity	582	39	621
2. Based on anything other than medical necessity	106	14	120
The percentage of denials in B above that were appealed.	6.76%	22.46%	7.12%
1. Based on medical necessity	5.78%	26.17%	6.08%
2. Based on anything other than medical necessity	99.07%	16.09%	61.86%
D. The total number of appeals in C that were reversed on appeal.	302	12	314
1. Based on medical necessity	274	12	286
2. Based on anything other than medical necessity	28	0	28
The percentage of appeals in C that were reversed on appeal.	43.90%	22.64%	42.38%
1. Based on medical necessity	47.08%	30.77%	46.05%
2. Based on anything other than medical necessity	26.42%	0.00%	23.33%
E. The total number of appeals in C that were upheld on appeal.	386	41	427
1. Based on medical necessity	308	27	335
2. Based on anything other than medical necessity	78	14	92
The percentage of appeals in C that were upheld on appeal.	56.10%	77.36%	57.62%
1. Based on medical necessity	52.92%	69.23%	53.95%
2. Based on anything other than medical necessity	73.58%	100.00%	76.67%
F. The number of appeals in E that went to external appeal (through CID).	21	0	21
1. Based on medical necessity	16	0	16
2. Based on anything other than medical necessity	5	0	5
The percentage of appeals in E that went to external appeal (through CID).	5.44%	0.00%	4.92%
1. Based on medical necessity	5.19%	0.00%	4.78%
2. Based on anything other than medical necessity	6.41%	0.00%	5.43%
G. The total number of external appeals above in F that were reversed on appeal.	5	0	5
1. Based on medical necessity	5	0	5
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	23.81%	0.00%	23.81%
1. Based on medical necessity	31.25%	0.00%	31.25%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

2017 DATA

Indemnity - Cigna H & L

Indemnity - Cigna H & L	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	40,535	2,110	42,645
The total number of utilization review requests.  1. Based on medical necessity	39,826	2,014	41,840
Based on anything other than medical necessity	709	96	805
B. The total number of UR requests in A that were denied.	15,065	936	16,001
The total number of ok requests in A that were defined.  1. Based on medical necessity	14,676	922	15,598
Based on anything other than medical necessity	389	14	403
The percentage of UR requests that were denied based on A.	37.17%	44.37%	37.52%
Based on medical necessity	36.85%	45.79%	37.32%
Based on anything other than medical necessity	54.87%	14.58%	50.06%
C. The total number of denials in B above that were appealed.	778	45	823
The total number of definals in B above that were appeared.  1. Based on medical necessity	437	41	478
2. Based on anything other than medical necessity	341	4	345
The percentage of denials in B above that were appealed.	5.16%	4.81%	5.14%
1. Based on medical necessity	2.98%	4.45%	3.06%
2. Based on anything other than medical necessity	87.66%	28.57%	85.61%
D. The total number of appeals in C that were reversed on appeal.	226	7	233
1. Based on medical necessity	145	6	151
2. Based on anything other than medical necessity	81	1	82
The percentage of appeals in C that were reversed on appeal.	29.05%	15.56%	28.31%
1. Based on medical necessity	33.18%	14.63%	31.59%
2. Based on anything other than medical necessity	23.75%	25.00%	23.77%
E. The total number of appeals in C that were upheld on appeal.	552	38	590
1. Based on medical necessity	292	35	327
2. Based on anything other than medical necessity	260	3	263
The percentage of appeals in C that were upheld on appeal.	70.95%	84.44%	71.69%
1. Based on medical necessity	66.82%	85.37%	68.41%
2. Based on anything other than medical necessity	76.25%	75.00%	76.23%
F. The number of appeals in E that went to external appeal (through CID).	7	7	14
1. Based on medical necessity	7	7	14
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in E that went to external appeal (through CID).	1.27%	18.42%	2.37%
1. Based on medical necessity	2.40%	20.00%	4.28%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
G. The total number of external appeals above in F that were reversed on appeal.	2	3	5
1. Based on medical necessity	2	3	5
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	28.57%	42.86%	35.71%
1. Based on medical necessity	28.57%	42.86%	35.71%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

2017 DATA

Indemnity - ConnectiCare Benefits

demnity - ConnectiCare Benefits			
definity Connecticate Benefits	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	30,806	2,690	33,496
1. Based on medical necessity	29,905	2,679	32,584
2. Based on anything other than medical necessity	901	11	912
B. The total number of UR requests in A that were denied.	5,361	178	5,539
1. Based on medical necessity	4,460	167	4,627
2. Based on anything other than medical necessity	901	11	912
The percentage of UR requests that were denied based on A.	17.40%	6.62%	16.54%
1. Based on medical necessity	14.91%	6.23%	14.20%
2. Based on anything other than medical necessity	100.00%	100.00%	100.00%
C. The total number of denials in B above that were appealed.	554	34	588
1. Based on medical necessity	273	33	306
2. Based on anything other than medical necessity	281	1	282
The percentage of denials in B above that were appealed.	10.33%	19.10%	10.62%
1. Based on medical necessity	6.12%	19.76%	6.61%
2. Based on anything other than medical necessity	31.19%	9.09%	30.92%
D. The total number of appeals in C that were reversed on appeal.	181	6	187
1. Based on medical necessity	153	5	158
2. Based on anything other than medical necessity	28	1	29
The percentage of appeals in C that were reversed on appeal.	32.67%	17.65%	31.80%
1. Based on medical necessity	56.04%	15.15%	51.63%
2. Based on anything other than medical necessity	9.96%	100.00%	10.28%
E. The total number of appeals in C that were upheld on appeal.	373	28	401
1. Based on medical necessity	120	28	148
2. Based on anything other than medical necessity	253	0	253
The percentage of appeals in C that were upheld on appeal.	67.33%	82.35%	68.20%
1. Based on medical necessity	43.96%	84.85%	48.37%
2. Based on anything other than medical necessity	90.04%	0.00%	89.72%
F. The number of appeals in E that went to external appeal (through CID).	5	1	6
1. Based on medical necessity	3	1	4
2. Based on anything other than medical necessity	2	0	2
The percentage of appeals in E that went to external appeal (through CID).	1.34%	3.57%	1.50%
1. Based on medical necessity	2.50%	3.57%	2.70%
2. Based on anything other than medical necessity	0.79%	0.00%	0.79%
G. The total number of external appeals above in F that were reversed on appeal.	2	0	2
1. Based on medical necessity	0	0	0
2. Based on anything other than medical necessity	2	0	2
The percentage of external appeals above in F that were reversed on appeal.	40.00%	0.00%	33.33%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	100.00%	0.00%	100.00%

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Indemnity - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	40,257	4,749	45,006
1. Based on medical necessity	38,821	4,726	43,547
2. Based on anything other than medical necessity	1,436	23	1,459
B. The total number of UR requests in A that were denied.	6,539	277	6,816
1. Based on medical necessity	5,103	254	5,357
2. Based on anything other than medical necessity	1,436	23	1,459
The percentage of UR requests that were denied based on A.	16.24%	5.83%	15.14%
1. Based on medical necessity	13.14%	5.37%	12.30%
2. Based on anything other than medical necessity	100.00%	100.00%	100.00%
C. The total number of denials in B above that were appealed.	948	88	1,036
1. Based on medical necessity	435	83	518
2. Based on anything other than medical necessity	513	5	518
The percentage of denials in B above that were appealed.	14.50%	31.77%	15.20%
1. Based on medical necessity	8.52%	32.68%	9.67%
2. Based on anything other than medical necessity	35.72%	21.74%	35.50%
D. The total number of appeals in C that were reversed on appeal.	252	12	264
1. Based on medical necessity	188	11	199
2. Based on anything other than medical necessity	64	1	65
The percentage of appeals in C that were reversed on appeal.	26.58%	13.64%	25.48%
1. Based on medical necessity	43.22%	13.25%	38.42%
2. Based on anything other than medical necessity	12.48%	20.00%	12.55%
E. The total number of appeals in C that were upheld on appeal.	696	76	772
1. Based on medical necessity	247	72	319
2. Based on anything other than medical necessity	449	4	453
The percentage of appeals in C that were upheld on appeal.	73.42%	86.36%	74.52%
1. Based on medical necessity	56.78%	86.75%	61.58%
2. Based on anything other than medical necessity	87.52%	80.00%	87.45%
F. The number of appeals in E that went to external appeal (through CID).	14	8	22
1. Based on medical necessity	12	8	20
2. Based on anything other than medical necessity	2	0	2
The percentage of appeals in E that went to external appeal (through CID).	2.01%	10.53%	2.85%
1. Based on medical necessity	4.86%	11.11%	6.27%
2. Based on anything other than medical necessity	0.45%	0.00%	0.44%
G. The total number of external appeals above in F that were reversed on appeal.	4	4	8
1. Based on medical necessity	4	4	8
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	28.57%	50.00%	36.36%
1. Based on medical necessity	33.33%	50.00%	40.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

2017 DATA

Indemnity - HPHC

demnity - HPHC	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	6,615	124	6,739
1. Based on medical necessity	6,046	123	6,169
2. Based on anything other than medical necessity	569	1	570
B. The total number of UR requests in A that were denied.	606	87	693
1. Based on medical necessity	521	86	607
2. Based on anything other than medical necessity	85	1	86
The percentage of UR requests that were denied based on A.	9.16%	70.16%	10.28%
1. Based on medical necessity	8.62%	69.92%	9.84%
2. Based on anything other than medical necessity	14.94%	100.00%	15.09%
C. The total number of denials in B above that were appealed.	91	23	114
1. Based on medical necessity	63	22	85
2. Based on anything other than medical necessity	28	1	29
The percentage of denials in B above that were appealed.	15.02%	26.44%	16.45%
1. Based on medical necessity	12.09%	25.58%	14.00%
2. Based on anything other than medical necessity	32.94%	100.00%	33.72%
D. The total number of appeals in C that were reversed on appeal.	44	5	49
1. Based on medical necessity	36	5	41
2. Based on anything other than medical necessity	8	0	8
The percentage of appeals in C that were reversed on appeal.	48.35%	21.74%	42.98%
1. Based on medical necessity	57.14%	22.73%	48.24%
2. Based on anything other than medical necessity	28.57%	0.00%	27.59%
E. The total number of appeals in C that were upheld on appeal.	47	1	48
1. Based on medical necessity	27	0	27
2. Based on anything other than medical necessity	20	1	21
The percentage of appeals in C that were upheld on appeal.	51.65%	4.35%	42.11%
1. Based on medical necessity	42.86%	0.00%	31.76%
2. Based on anything other than medical necessity	71.43%	0.00%	72.41%
F. The number of appeals in E that went to external appeal (through CID).	2	0	2
1. Based on medical necessity	2	0	2
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in E that went to external appeal (through CID).	4.26%	0.00%	4.17%
1. Based on medical necessity	7.41%	0.00%	7.41%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
G. The total number of external appeals above in F that were reversed on appeal.	1	0	1
1. Based on medical necessity	1	0	1
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	50.00%	0.00%	50.00%
1. Based on medical necessity	50.00%	0.00%	50.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Indemnity - Oxford Health			
	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	31,001	1,878	32,879
1. Based on medical necessity	28,166	982	29,148
2. Based on anything other than medical necessity	2,835	896	3,731
B. The total number of UR requests in A that were denied.	4,139	995	5,134
1. Based on medical necessity	3,923	982	4,905
2. Based on anything other than medical necessity	216	13	229
The percentage of UR requests that were denied based on A.	13.35%	52.98%	15.61%
1. Based on medical necessity	13.93%	100.00%	16.83%
2. Based on anything other than medical necessity	7.62%	1.45%	6.14%
C. The total number of denials in B above that were appealed.	844	21	865
1. Based on medical necessity	665	16	681
2. Based on anything other than medical necessity	179	5	184
The percentage of denials in B above that were appealed.	20.39%	2.11%	16.85%
1. Based on medical necessity	16.95%	1.63%	13.88%
2. Based on anything other than medical necessity	82.87%	38.46%	80.35%
D. The total number of appeals in C that were reversed on appeal.	463	2	465
1. Based on medical necessity	346	1	347
2. Based on anything other than medical necessity	117	1	118
The percentage of appeals in C that were reversed on appeal.	54.86%	9.52%	53.76%
1. Based on medical necessity	52.03%	6.25%	50.95%
2. Based on anything other than medical necessity	65.36%	20.00%	64.13%
E. The total number of appeals in C that were upheld on appeal.	381	19	400
1. Based on medical necessity	319	15	334
2. Based on anything other than medical necessity	62	4	66
The percentage of appeals in C that were upheld on appeal.	45.14%	90.48%	46.24%
1. Based on medical necessity	47.97%	93.75%	49.05%
2. Based on anything other than medical necessity	34.64%	80.00%	35.87%
F. The number of appeals in E that went to external appeal (through CID).	21	0	21
1. Based on medical necessity	9	0	9
2. Based on anything other than medical necessity	12	0	12
The percentage of appeals in E that went to external appeal (through CID).	5.51%	0.00%	5.25%
1. Based on medical necessity	2.82%	0.00%	2.69%
2. Based on anything other than medical necessity	19.35%	0.00%	18.18%
G. The total number of external appeals above in F that were reversed on appeal.	17	0	17
1. Based on medical necessity	6	0	6
2. Based on anything other than medical necessity	11	0	11
The percentage of external appeals above in F that were reversed on appeal.	80.95%	0.00%	80.95%
1. Based on medical necessity	66.67%	0.00%	66.67%
2. Based on anything other than medical necessity	91.67%	0.00%	91.67%

2017 DATA

Indemnity - United

ndemnity - United	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	11,736	4,971	16,707
1. Based on medical necessity	9,485	4,944	14,429
2. Based on anything other than medical necessity	2,251	27	2,278
B. The total number of UR requests in A that were denied.	4,391	863	5,254
1. Based on medical necessity	4,228	836	5,064
2. Based on anything other than medical necessity	163	27	190
The percentage of UR requests that were denied based on A.	37.41%	17.36%	31.45%
1. Based on medical necessity	44.58%	16.91%	35.10%
2. Based on anything other than medical necessity	7.24%	100.00%	8.34%
C. The total number of denials in B above that were appealed.	822	34	856
1. Based on medical necessity	659	22	681
2. Based on anything other than medical necessity	163	12	175
The percentage of denials in B above that were appealed.	18.72%	3.94%	16.29%
1. Based on medical necessity	15.59%	2.63%	13.45%
2. Based on anything other than medical necessity	100.00%	44.44%	92.11%
D. The total number of appeals in C that were reversed on appeal.	403	8	411
1. Based on medical necessity	317	4	321
2. Based on anything other than medical necessity	86	4	90
The percentage of appeals in C that were reversed on appeal.	49.03%	23.53%	48.01%
1. Based on medical necessity	48.10%	18.18%	47.14%
2. Based on anything other than medical necessity	52.76%	33.33%	51.43%
E. The total number of appeals in C that were upheld on appeal.	412	23	435
1. Based on medical necessity	335	17	352
2. Based on anything other than medical necessity	77	6	83
The percentage of appeals in C that were upheld on appeal.	50.12%	67.65%	50.82%
1. Based on medical necessity	50.83%	77.27%	51.69%
2. Based on anything other than medical necessity	47.24%	50.00%	47.43%
F. The number of appeals in E that went to external appeal (through CID).	21	3	24
1. Based on medical necessity	9	3	12
2. Based on anything other than medical necessity	12	0	12
The percentage of appeals in E that went to external appeal (through CID).	5.10%	13.04%	5.52%
1. Based on medical necessity	2.69%	17.65%	3.41%
2. Based on anything other than medical necessity	15.58%	0.00%	14.46%
G. The total number of external appeals above in F that were reversed on appeal.	17	2	19
1. Based on medical necessity	6	2	8
2. Based on anything other than medical necessity	11	0	11
The percentage of external appeals above in F that were reversed on appeal.	80.95%	66.67%	79.17%
1. Based on medical necessity	66.67%	66.67%	66.67%
2. Based on anything other than medical necessity	91.67%	0.00%	91.67%

2017 DATA

HMO - Anthem

HMO - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	320	77	71	191	123	58
Number of UR requests denied	6	10	5	3	10	1
Percentage of UR requests denied	1.88%	12.99%	7.04%	1.57%	8.13%	1.72%
Number of denials that were appealed	0	1	0	0	0	0
Percentage of denials that were appealed	0.00%	10.00%	0.00%	0.00%	0.00%	0.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

HMO - ConnectiCare

Thire commeditation	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	318	115	102	492	75	42
Number of UR requests denied	11	15	7	21	1	5
Percentage of UR requests denied	3.46%	13.04%	6.86%	4.27%	1.33%	11.90%
Number of denials that were appealed	2	5	2	5	0	0
Percentage of denials that were appealed	18.18%	33.33%	28.57%	23.81%	0.00%	0.00%
Number of appeals that reversed the decision	1	2	0	0	0	0
Percentage of appeals that reversed the decision	50.00%	40.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	1	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	33.33%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	1	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%

2017 DATA

HMO - Harvard

HIVIO - Harvard	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	15	2	4	9	2	0
Number of UR requests denied	0	0	0	2	0	0
Percentage of UR requests denied	0.00%	0.00%	0.00%	22.22%	0.00%	0.00%
Number of denials that were appealed	0	0	0	0	0	0
Percentage of denials that were appealed	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

HMO - Oxford

TIMO - OXIOIU	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	0	4	0	17	49	7
Number of UR requests denied	0	3	0	1	0	0
Percentage of UR requests denied	0.00%	75.00%	0.00%	5.88%	0.00%	0.00%
Number of denials that were appealed	0	1	0	1	0	0
Percentage of denials that were appealed	0.00%	33.33%	0.00%	100%	0.00%	0.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

2017 DATA

Indemnity - Aetna Life

indefinity - Aetha Life	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	221	117	103	139	102	122
Number of UR requests denied	11	26	26	18	1	11
Percentage of UR requests denied	4.98%	22.22%	25.24%	12.95%	0.98%	9.02%
Number of denials that were appealed	0	2	1	6	1	0
Percentage of denials that were appealed	0.00%	7.69%	3.85%	33.33%	100.00%	0.00%
Number of appeals that reversed the decision	0	1	1	2	1	0
Percentage of appeals that reversed the decision	0.00%	50.00%	100.00%	33.33%	100.00%	0.00%
Number of upheld appeals that went to external appeal	0	1	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Indemnity - Anthem

indefinity - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	1,380	1,138	842	1,447	471	194
Number of UR requests denied	20	111	39	36	26	4
Percentage of UR requests denied	1.45%	9.75%	4.63%	2.49%	5.52%	2.06%
Number of denials that were appealed	1	4	0	0	0	1
Percentage of denials that were appealed	5.00%	3.60%	0.00%	0.00%	0.00%	25.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	1	2	0	0	0	0
Percentage of upheld appeals that went to external appeals	100.00%	50.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

2017 DATA

Indemnity - Cigna H & L

Indemnity - Cigna H & L						
	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	621	201	119	171	42	38
Number of UR requests denied	62	21	9	5	2	0
Percentage of UR requests denied	9.98%	10.45%	7.56%	2.92%	4.76%	0.00%
Number of denials that were appealed	33	12	0	0	0	0
Percentage of denials that were appealed	53.23%	57.14%	0.00%	0.00%	0.00%	0.00%
Number of appeals that reversed the decision	7	2	0	0	0	0
Percentage of appeals that reversed the decision	21.21%	16.67%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	6	1	0	0	0	0
Percentage of upheld appeals that went to external appeals	23.08%	10.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	3	0	0	0	0	0
Percentage of external appeals that reversed the decision	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Indemnity - ConnectiCare Benefits —

indefinity - Connecticare benefits	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	386	256	196	822	191	92
Number of UR requests denied	8	15	7	57	4	1
Percentage of UR requests denied	2.07%	5.86%	3.57%	6.93%	2.09%	1.09%
Number of denials that were appealed	3	6	1	4	1	0
Percentage of denials that were appealed	37.50%	40.00%	14.29%	7.02%	25.00%	0.00%
Number of appeals that reversed the decision	1	1	0	0	1	0
Percentage of appeals that reversed the decision	33.33%	16.67%	0.00%	0.00%	100.00%	0.00%
Number of upheld appeals that went to external appeal	0	1	1	1	0	0
Percentage of upheld appeals that went to external appeals	0.00%	20.00%	100.00%	25.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	1	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%

2017 DATA

Indemnity - ConnectiCare

indemnity - Connecticare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	1,120	802	872	2,473	246	237
Number of UR requests denied	27	66	68	99	8	18
Percentage of UR requests denied	2.41%	8.23%	7.80%	4.00%	3.25%	7.59%
Number of denials that were appealed	1	20	15	25	0	9
Percentage of denials that were appealed	3.70%	30.30%	22.06%	25.25%	0.00%	50.00%
Number of appeals that reversed the decision	1	4	3	4	0	2
Percentage of appeals that reversed the decision	100.00%	20.00%	20.00%	16.00%	0.00%	22.22%
Number of upheld appeals that went to external appeal	0	3	0	1	0	0
Percentage of upheld appeals that went to external appeals	0.00%	18.75%	0.00%	4.76%	0.00%	0.00%
Number of external appeals that reversed the decision	0	1	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	33.33%	0.00%	0.00%	0.00%	0.00%

Indemnity - HPHC

indefinity - Til TiC	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	12	35	29	38	3	6
Number of UR requests denied	5	26	17	32	1	0
Percentage of UR requests denied	41.67%	74.29%	58.62%	84.21%	33.33%	0.00%
Number of denials that were appealed	1	9	6	6	0	0
Percentage of denials that were appealed	20.00%	34.62%	35.29%	18.75%	0.00%	0.00%
Number of appeals that reversed the decision	0	2	1	2	0	0
Percentage of appeals that reversed the decision	0.00%	22.22%	16.67%	33.33%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

## Mental Health - Utilization Review Data

2017 DATA

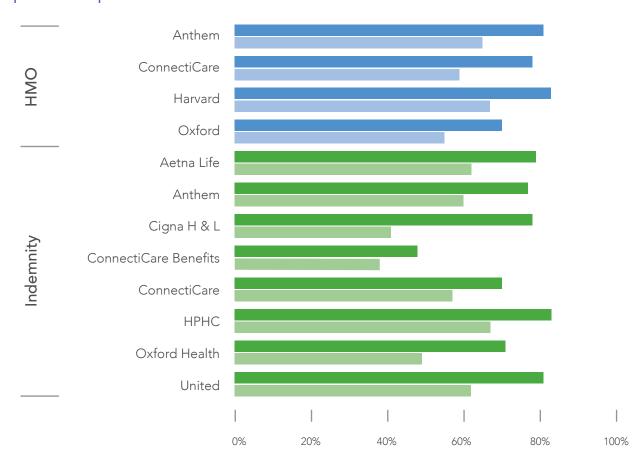
Indemnity - Oxford Health

Indemnity - Oxford Health	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	94	55	12	55	1,000	125
Number of UR requests denied	11	29	12	55	226	12
Percentage of UR requests denied	11.70%	52.73%	100.00%	100.00%	22.60%	9.60%
Number of denials that were appealed	0	10	3	2	0	1
Percentage of denials that were appealed	0.00%	34.48%	25.00%	3.64%	0.00%	8.33%
Number of appeals that reversed the decision	0	1	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	10.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that w ent to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Indemnity - United

indemnity - Officed	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	315	227	242	732	3,368	60
Number of UR requests denied	7	15	5	41	766	2
Percentage of UR requests denied	2.22%	6.61%	2.07%	5.60%	22.74%	3.33%
Number of denials that were appealed	4	4	1	11	0	2
Percentage of denials that were appealed	57.14%	26.67%	20.00%	26.83%	0.00%	100.00%
Number of appeals that reversed the decision	1	1	0	2	0	0
Percentage of appeals that reversed the decision	25.00%	25.00%	0.00%	18.18%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	1	0	2	0	0
Percentage of upheld appeals that went to external appeals	0.00%	33.33%	0.00%	22.22%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	2	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%

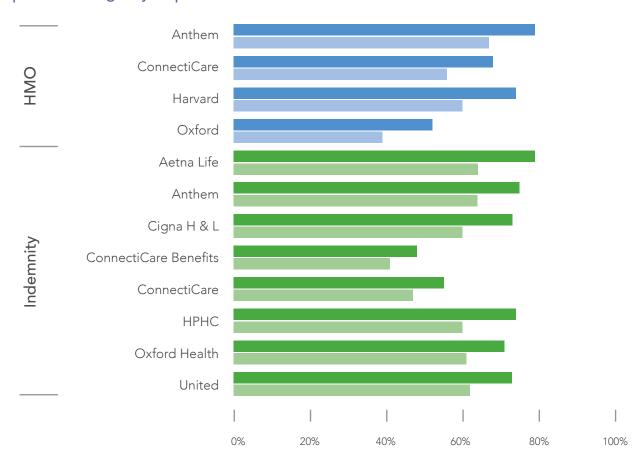
#### Follow-Up After Hospitalization for Mental Illness



The percentage of discharges for members 6 years of age and older as of the discharge date who: (a) were continuously enrolled from the date of discharge through 30 days after discharge and (b) had an acute care inpatient discharge with a principal diagnosis of mental illness with a discharge date on or between January 1 and December 1, 2017:

- A) Who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.
- B) Who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.

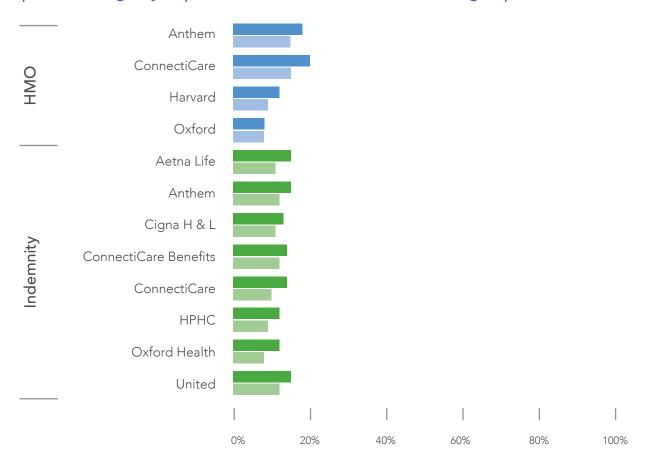
#### Follow-Up After Emergency Department Visit for Mental Health



The percentage of emergency department (ED) visits between January 1 and December 1, 2017, for members 6 years of age and older as of the date of the ED visit who: (a) were continuously enrolled from the date of the ED visit through 30 days after the ED visit and (b) who had a principal diagnosis of mental illness with a follow-up visit for mental illness:

- A) Who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 30 days after the ED visit.
- B) Who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 7 days after the ED visit.

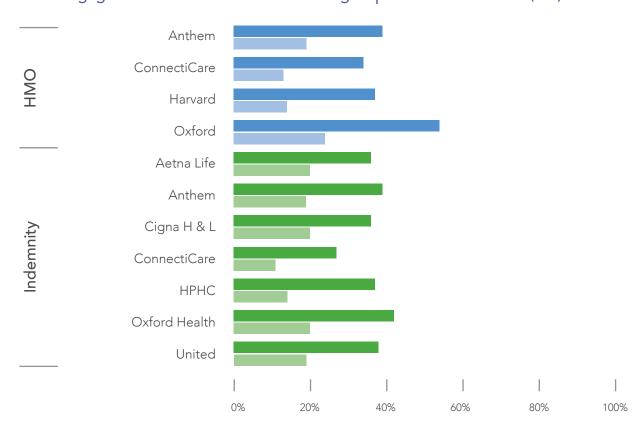
### Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence



The percentage of emergency department (ED) visits between January 1 and December 1, 2017, for members 13 years of age and older as of the date of the ED visit who: (a) were continuously enrolled from the date of the ED visit through 30 days after the ED visit, and (b) who had a principal diagnosis of alcohol or other drug (AOD) dependence with a follow-up visit for AOD abuse or dependency:

- A) Who had a follow-up visit with a practitioner, with a principal diagnosis of AOD abuse or dependency on or within 30 days after the ED visit.
- B) Who had a follow-up visit with a practitioner, with a principal diagnosis of AOD abuse or dependency on or within 7 days after the ED visit.

#### Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

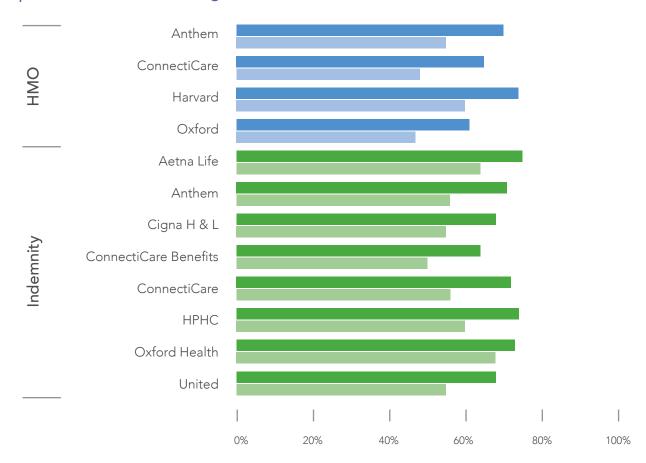


The percentage of members 13 years of age and older as of December 31, 2017, with a new episode of alcohol or other drug (AOD) dependence on or between January 1 and November 15, 2017, who: (a) were continuously enrolled from 60 days prior to the Index Episode Start Date (IESD) through 48 days after the IESD and (b) received the following:

- A) Initiation of AOD Treatment the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis.
  - B) Engagement of AOD Treatment the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD or MAT within 39 days of the initiation visit.

Note: ConnectiCare Benefits (Indemnity) unable to provide data due to vendor issue.

#### **Anti-Depressant Medication Management**



The percentage of members 18 and older as of April 30, 2017, who: (a) were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, (b) were not taking a antidepressant medication 105 days prior to the ISPD, (c) were diagnosed with a new episode of depression during the 121-day period from 60 days prior to the IPSD through 60 days after the IPSD and treated with antidepressant medication, and (d) met at least one of the following criteria during the intake period: (1) an outpatient visit, ED visit, telehealth visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; or (2) an acute or nonacute inpatient stay with any diagnosis of major depression.

A) Who remained on antidepressant medication for at least an 84-day period (12 weeks).

B) Who remained on antidepressant medication for at least 180 days (6 months).

## Mental Health - Care Measures

2017 DATA

Н	N/I	$\bigcirc$
	1141	$\cup$

	Anthem	ConnectiCare	Harvard	Oxford		
MENTAL HEALTH UTILIZATION	MENTAL HEALTH UTILIZATION					
The total number of members who received c	are.					
A) Any mental health service	24,116	1,339	88	2,428		
B) Inpatient mental health services	152	18	0	26		
C) Intensive outpatient or partial hospitalization health services	164	11	0	21		
D) Outpatient mental health services	23,613	1,293	86	2,367		
E) Emergency department health services	185	16	2	13		
F) Telehealth services	2	1	0	1		

	Anthem	ConnectiCare	Harvard	Oxford	
ALCOHOL & OTHER DRUG SERVICES					
The total number of members who received care.					
A) Any chemical dependency service	982	721	13	119	
B) Inpatient chemical dependency services	109	57	4	20	
C) Intensive outpatient or partial hospitalization dependency services	21	6	0	2	
D) Outpatient or ambulatory medication assisted treatment (MAT) dispensing event	687	515	9	79	
E) Emergency department dependency services	165	143	0	18	
F) Telehealth services	0	0	0	0	

## Mental Health - Care Measures

2017 DATA

#### Indemnity

maeminty			
	Aetna Life	Anthem	Cigna H & L
MENTAL HEALTH UTILIZATION			
The total number of members who received care.			
A) Any mental health service	29,576	54,435	29,821
B) Inpatient mental health services	287	527	254
C) Intensive outpatient or partial hospitalization health services	207	416	185
D) Outpatient mental health services	28,890	53,197	29,153
E) Emergency department health services	180	246	210
F) Telehealth services	12	49	19

	Aetna Life	Anthem	Cigna H & L
ALCOHOL & OTHER DRUG SERVICES			
The total number of members who received care.			
A) Any chemical dependency service	4,031	7,612	3,114
B) Inpatient chemical dependency services	433	848	292
C) Intensive outpatient or partial hospitalization dependency services	94	196	84
D) Outpatient or ambulatory medication assisted treatment (MAT) dispensing event	2,771	5,200	2,079
E) Emergency department dependency services	732	1,365	659
F) Telehealth services	1	3	0

Note: ConnectiCare Benefits is not included in table since it could not retrieve numbers due to a vendor issue.

## Mental Health - Care Measures

2017 DATA

-				
	ConnectiCare	НРНС	Oxford Health	United
	5,501	4,025	7,708	16,087
	51	26	69	174
	62	54	40	114
	5,345	3,853	7,573	15,743
	39	92	20	46
	4	0	6	10

ConnectiCare	НРНС	Oxford Health	United
2,708	869	772	1,564
245	78	104	200
32	20	27	44
1,861	608	483	1,021
570	163	158	299
0	0	0	0

## **Health Claims**

2017 DATA

Claim expenses are on a per member per month basis.

НМО				
	Anthem	ConnectiCare	Harvard	Oxford
Total mental health	\$14.39	\$9.19	\$2.92	\$12.09
Inpatient mental health	\$5.92	\$3.35	\$0.00	\$4.14
Outpatient mental health	\$8.47	\$5.84	\$2.92	\$7.95
Total substance abuse or dependency	\$2.71	\$2.82	\$0.63	\$4.77
Inpatient substance abuse or dependency	\$1.80	\$0.19	\$0.50	\$3.12
Outpatient substance abuse or dependency	\$0.91	\$2.63	\$0.13	\$1.65
Total medical	\$411.07	\$386.61	\$253.89	\$406.39
Inpatient medical	\$137.40	\$115.16	\$47.67	\$99.88
Outpatient medical	\$273.67	\$271.45	\$206.22	\$306.51
Total for all inpatient	\$145.12	\$118.70	\$48.17	\$107.14
Total for all outpatient	\$283.05	\$279.92	\$209.27	\$316.11

Indemnity	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits
Total mental health	\$9.03	\$13.50	\$6.63	\$8.48
Inpatient mental health	\$3.17	\$4.79	\$2.29	\$2.35
Outpatient mental health	\$5.86	\$8.71	\$4.34	\$6.13
Total substance abuse or dependency	\$3.86	\$3.95	\$2.09	\$5.46
Inpatient substance abuse or dependency	\$1.93	\$2.58	\$0.83	\$0.28
Outpatient substance abuse or dependency	\$1.93	\$1.37	\$1.26	\$5.18
Total medical	\$280.96	\$342.69	\$263.37	\$360.93
Inpatient medical	\$76.32	\$101.28	\$110.54	\$97.49
Outpatient medical	\$204.64	\$241.41	\$152.83	\$263.44
Total for all inpatient	\$81.42	\$108.65	\$113.66	\$100.12
Total for all outpatient	\$212.43	\$251.49	\$158.43	\$274.75

### **Health Claims**

2017 DATA



Thousands of Connecticut individuals and families use their insurance to access behavioral health & substance abuse treatment.

THE CONNECTICUT INSURANCE
DEPARTMENT IS HERE TO HELP WITH
QUESTIONS OR CONCERNS.

ConnectiCare	НРНС	Oxford Health	United
\$8.93	\$6.73	\$17.73	\$18.58
\$2.60	\$3.09	\$3.84	\$3.02
\$6.33	\$3.64	\$13.89	\$15.56
\$5.34	\$3.49	\$9.06	\$6.21
\$0.30	\$1.40	\$4.03	\$1.92
\$5.04	\$2.09	\$5.03	\$4.29
\$350.04	\$338.69	\$415.97	\$422.76
\$100.12	\$106.31	\$94.93	\$100.17
\$249.92	\$232.38	\$321.04	\$322.59
\$103.02	\$110.80	\$102.80	\$105.11
\$261.29	\$238.11	\$339.96	\$342.44



#### НМО

		Anthem
	The total number of claims received for the period.	274,730
	1) "not a covered benefit"	802
	2) "not medically necessary"	309
Provide the number of denied claims	3) "not an eligible enrollee/dependent"	8,602
in each of the following:	4) "incomplete submission"	2,040
3	5) "duplicate submission"	4,505
	6) "all other miscellaneous"	13,780
	1) "not a covered benefit"	0.29%
	2) "not medically necessary"	0.11%
Provide the number of claim denials as a percent of	3) "not an eligible enrollee/dependent"	3.13%
the total claims received	4) "incomplete submission"	0.74%
for the following:	5) "duplicate submission"	1.64%
	6) "all other miscellaneous"	5.02%
	1) "not a covered benefit"	5
	2) "not medically necessary"	10
Provide the number of internal	3) "not an eligible enrollee/dependent"	33
appeals of claim denials in each of the following:	4) "incomplete submission"	0
eden er trie renevning.	5) "duplicate submission"	0
	6) "all other miscellaneous"	238
	1) "not a covered benefit"	0.00%
	2) "not medically necessary"	0.00%
Provide the number of internal appeals as a percent	3) "not an eligible enrollee/dependent"	0.01%
of the total claims	4) "incomplete submission"	0.00%
for the following:	5) "duplicate submission"	0.00%
	6) "all other miscellaneous"	0.09%
	1) "not a covered benefit"	1
	2) "not medically necessary"	3
Provide the number of	3) "not an eligible enrollee/dependent"	5
internal appeals reversed on appeal in each of the following:	4) "incomplete submission"	0
appear in each of the following.	5) "duplicate submission"	0
	6) "all other miscellaneous"	95
	1) "not a covered benefit"	0.00%
	2) "not medically necessary"	0.00%
Provide the number of reversed	3) "not an eligible enrollee/dependent"	0.00%
appeals as a percent of the total claims for the following:	4) "incomplete submission"	0.00%
ciains for the following.	5) "duplicate submission"	0.00%
	6) "all other miscellaneous"	0.03%

## Claim Denials

2017 DATA

ConnectiCare	Harvard	Oxford
1,122,712	5,052	36,320
8,558	21	2,220
1,072	5	319
27,531	1	5,358
31,224	34	1,195
26,200	157	7,808
96,753	385	19,420
0.76%	0.42%	6.11%
0.10%	0.10%	0.88%
2.45%	0.02%	14.75%
2.78%	0.67%	3.29%
2.33%	3.11%	21.50%
8.62%	7.62%	53.47%
107	1	0
230	0	46
3	0	0
157	0	0
26	0	0
2,268	0	15
0.01%	0.02%	0.00%
0.02%	0.00%	0.13%
0.00%	0.00%	0.00%
0.01%	0.00%	0.00%
0.00%	0.00%	0.00%
0.20%	0.00%	0.04%
30	1	0
53	0	24
1	0	0
58	0	0
7	0	0
1,266	0	4
0.00%	0.02%	0.00%
0.00%	0.00%	0.07%
0.00%	0.00%	0.00%
0.01%	0.00%	0.00%
0.00%	0.00%	0.00%
0.11%	0.00%	0.01%
		·

		Aetna Life	Anthem
	The total number of claims received for the period.	1,926,401	1,539,822
	1) "not a covered benefit"	62,721	3,290
	2) "not medically necessary"	1,960	1,394
Provide the number	3) "not an eligible enrollee/dependent"	70,499	39,076
of denied claims in each of the following:	4) "incomplete submission"	80,360	45,631
3	5) "duplicate submission"	13,145	48,276
	6) "all other miscellaneous"	233,475	83,899
	1) "not a covered benefit"	3.26%	0.21%
Duraniala dha manala an af	2) "not medically necessary"	0.10%	0.09%
Provide the number of claim denials as a percent of	3) "not an eligible enrollee/dependent"	3.66%	2.54%
the total claims received	4) "incomplete submission"	4.17%	2.96%
for the following:	5) "duplicate submission"	0.68%	3.14%
	6) "all other miscellaneous"	12.12%	5.45%
	1) "not a covered benefit"	51	20
	2) "not medically necessary"	24	63
Provide the number of internal	3) "not an eligible enrollee/dependent"	0	70
appeals of claim denials in each of the following:	4) "incomplete submission"	1	0
in each of the following.	5) "duplicate submission"	0	0
	6) "all other miscellaneous"	167	755
	1) "not a covered benefit"	0.00%	0.00%
	2) "not medically necessary"	0.00%	0.00%
Provide the number of internal	3) "not an eligible enrollee/dependent"	0.00%	0.00%
appeals as a percent of the total claims for the following:	4) "incomplete submission"	0.01%	0.00%
claims for the following.	5) "duplicate submission"	0.00%	0.00%
	6) "all other miscellaneous"	0.01%	0.05%
	1) "not a covered benefit"	4	3
	2) "not medically necessary"	2	13
Provide the number of internal	3) "not an eligible enrollee/dependent"	0	12
appeals reversed on appeal in each of the following:	4) "incomplete submission"	0	0
sas s. a.s .ssg.	5) "duplicate submission"	0	0
	6) "all other miscellaneous"	35	269
	1) "not a covered benefit"	0.00%	0.00%
	2) "not medically necessary"	0.00%	0.00%
Provide the number of reversed	3) "not an eligible enrollee/dependent"	0.00%	0.00%
appeals as a percent of the total claims for the following:	4) "incomplete submission"	0.00%	0.00%
s.aio for the following.	5) "duplicate submission"	0.00%	0.00%
	6) "all other miscellaneous"	0.00%	0.02%

Cigna H & L	ConnectiCare Benefits	ConnectiCare	НРНС	Oxford Health	United
1,118,823	2,319,384	4,018,851	315,598	286,829	1,133,589
72,865	26,006	37,206	1,395	10,397	7,545
546	2,511	4,686	866	4,224	1,539
1,533	76,405	77,337	92	23,854	7,702
98	63,019	115,706	1,528	13,463	9,439
1,590	59,622	113,797	12,763	45,981	6,209
18,961	164,559	301,669	19,762	188,730	96,108
6.51%	1.12%	0.93%	0.44%	3.62%	0.67%
0.05%	0.11%	0.12%	0.27%	1.47%	0.14%
0.14%	3.29%	1.92%	0.03%	8.32%	0.68%
0.01%	2.72%	2.88%	0.48%	4.69%	0.83%
0.14%	2.57%	2.83%	4.04%	16.03%	0.55%
1.69%	7.09%	7.51%	6.26%	65.80%	8.48%
122	412	537	14	5	21
194	242	474	64	364	327
1	26	21	0	2	0
0	316	1,248	2	0	0
2	133	254	0	3	0
79	3,466	5,704	25	541	252
0.01%	0.02%	0.01%	0.00%	0.00%	0.00%
0.02%	0.01%	0.01%	0.02%	0.13%	0.03%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.01%	0.03%	0.00%	0.00%	0.00%
0.00%	0.01%	0.01%	0.00%	0.00%	0.00%
0.01%	0.15%	0.14%	0.01%	0.19%	0.02%
122	80	174	2	1	5
72	66	199	35	168	139
0	5	0	0	0	0
0	131	573	0	0	0
0	70	103	0	0	0
27	1,343	2,015	10	127	96
0.01%	0.00%	0.00%	0.00%	0.00%	0.00%
0.01%	0.00%	0.00%	0.01%	0.06%	0.01%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.01%	0.01%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.06%	0.05%	0.00%	0.04%	0.01%

### Federal Medical Loss Ratios

2017 DATA

Federal Medical Loss Ratio is the percentage of premium used to pay claims and certain permitted expenses.

#### **HMO**

	Individual	Small Group	Large Group
Anthem	91.40%	85.70%	91.10%
ConnectiCare	103.86%	NR	88.91%
Harvard	NA	98.30%	NR
Oxford	NA	98.60%	88.90%

### Indemnity

	Individual	Small Group	Large Group
Aetna Life	83.50%	94.30%	75.10%
Anthem	91.40%	85.70%	91.10%
Cigna H & L	96.50%	NA	88.80%
ConnectiCare Benefits	87.14%	NA	NA
ConnectiCare	100.24%	86.69%	89.52%
HPHC	NA	107.30%	102.50%
Oxford Health	105.20%	85.30%	88.10%
United	94.60%	97.00%	85.60%

Note: NA indicates measure was not applicable or insurer was not in that market. NR indicates that the insurer was not required to report as they had fewer than 1,000 members over a three year period.

The state MLR is not included in the report as the federal MLR is the determining factor in any rebates required based on ACA.

The following tables show the total number of primary care physicians\*, physician specialists, hospitals and pharmacies for each HMO provider network in Connecticut by county. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

#### **HMO**

					F	AIRFIELD	COUNT	Υ				
	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals	;	165     165     162       165     164     162       216     213     160		:s
The state of the s	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Anthem	1,155	1,094	999	1,851	1,766	1,706	6	6	6	165	165	162
ConnectiCare	1,428	1,497	1,414	3,298	2,837	2,659	6	6	6	165	164	162
Harvard	525	518	445	2,524	3,248	2,110	6	6	6	216	213	160
Oxford	1,016	763	715	2,281	2,010	1,921	6	6	6	166	160	158

		HARTFORD COUNTY												
	Primary	Care Ph	ysicians	Physic	cian Spec	cialists		Hospitals		Pharmacies				
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016		
Anthem	1,184	1,125	1,096	2,184	2,062	2,076	7	7	7	183	180	182		
ConnectiCare	1,521	1,735	1,640	3,925	3,812	3,675	7	7	7	183	180	183		
Harvard	723	654	710	5,614	4,635	4,667	7	7	7	239	237	181		
Oxford	997	727	761	2,472	2,149	1,970	6	7	7	184	177	179		

7		LITCHFIELD COUNTY													
	Primar	y Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals	;	Р	39     40     40       39     39     39       48     47     40				
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016			
Anther	n 152	144	127	163	167	162	2	2	2	39	40	40			
ConnectiCar	e 246	137	150	768	212	217	2	3	3	39	39	39			
Harvard	d 58	81	60	347	652	305	3	4	4	48	47	40			
Oxford	140	107	116	360	330	333	2	2	2	39	40	40			

<sup>\*</sup> Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

### НМО

The state of the s					M	IDDLESE	X COUN	ГҮ				
	Primary	Care Ph	ysicians	Physic	cian Spec	cialists		Hospitals	;	P	39     38     38       39     38     38       49     49     36	
The state of the s	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Anthem	204	211	224	211	256	256	1	1	1	39	38	38
ConnectiCare	274	222	211	453	213	206	1	1	1	39	38	38
Harvard	80	96	75	347	779	415	1	1	1	49	49	36
Oxford	209	154	164	390	341	296	1	1	1	37	37	37

THE RESERVE		NEW HAVEN COUNTY													
The state of the s	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals		P	188     188     183       189     188     183       227     224     175				
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016			
Anthem	1,269	1,242	1,163	2,459	2,417	2,403	6	6	6	188	188	183			
ConnectiCare	1,610	1,408	1,331	4,134	2,777	2,749	6	7	7	189	188	183			
Harvard	447	476	377	4,654	5,036	3,968	5	5	5	227	224	175			
Oxford	1,012	774	776	2,901	2,557	2,396	7	6	6	182	185	177			

The same of		NEW LONDON COUNTY										
	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals		52     52     54       55     56     56       64     64     44		:S
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Anthem	300	290	279	405	411	395	2	2	2	52	52	54
ConnectiCare	326	311	307	871	634	606	2	2	2	55	56	54
Harvard	117	123	112	834	1,078	683	2	2	2	64	64	49
Oxford	247	211	195	604	502	447	1	2	2	53	53	53

### НМО

SACTOR I					7	OLLAND	COUNT	Υ				
	Primary	Care Ph	ysicians	Physic	cian Spec	cialists		Hospitals		Р	harmacie	es
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Anthem	98	89	88	55	56	69	2	2	1	23	24	25
ConnectiCare	188	100	98	274	81	87	2	2	2	23	24	25
Harvard	43	67	45	235	597	237	2	2	2	39	39	22
Oxford	126	92	100	347	263	189	2	2	2	23	25	25

					V	VINDHAN	1 COUNT	Υ				
	Primary	Care Ph	ysicians	Physic	cian Spec	cialists		Hospitals		Р	harmacie	s
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Anthem	118	115	116	110	104	117	2	2	2	23	22	22
ConnectiCare	179	128	127	321	170	152	2	2	2	23	22	22
Harvard	63	75	55	221	454	160	2	2	2	39	34	24
Oxford	113	106	103	234	178	171	2	2	2	23	21	22

The same					ТС	TAL, ALL	COUNT	ES				
	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals		Р	harmacie	S
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Anthem	4,480	4,310	4,092	7,438	7,239	7,184	28	28	27	712	709	706
ConnectiCare	5,772	5,538	5,278	14,044	10,736	10,351	28	30	30	716	711	706
Harvard	2,056	2,090	1,879	14,776	16,479	12,545	28	29	29	921	907	687
Oxford	3,860	2,934	2,930	9,589	8,330	7,723	27	28	28	707	698	691

The following tables show the total number of primary care physicians\*, physician specialists, hospitals and pharmacies for each Indemnity provider network in Connecticut by county. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the Indemnity's enrollees.

					F	AIRFIELD	COUNT	Y				
	Primary	Care Ph	ysicians	Physic	cian Spec	cialists		Hospitals		Р	harmacie	:S
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Aetna Life	1,206	1,177	1,109	2,644	2,469	2,414	6	6	6	165	163	160
Anthem	1,171	1,107	1,018	1,881	1,795	1,748	6	6	6	165	165	162
Cigna H & L	1,586	1,475	1,372	3,385	3,406	3,263	6	6	6	171	166	165
ConnectiCare Benefits	1,395	1,449	1,361	3,205	2,741	2,553	6	6	6	165	164	162
ConnectiCare	1,428	1,497	1,414	3,298	2,837	2,659	6	6	6	165	164	162
HPHC	525	518	445	2,524	3,248	2,110	6	6	6	216	213	160
Oxford Health	1,016	763	715	2,281	2,010	1,921	6	6	6	166	160	158
United	1,016	763	715	2,281	2,010	1,921	6	6	6	166	160	158

<sup>\*</sup> Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

					Н	ARTFORE	COUNT	Υ				
	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals		Р	harmacie	es
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Aetna Life	1,100	1,075	1,055	2,496	2,391	2,363	7	7	7	178	183	184
Anthem	1,185	1,127	1,099	2,216	2,093	2,121	7	7	7	183	180	182
Cigna H & L	1,642	1,673	1,589	3,956	4,011	3,831	7	7	7	183	181	185
ConnectiCare Benefits	1,496	1,697	1,603	3,779	3,676	3,538	7	7	7	183	180	183
ConnectiCare	1,521	1,735	1,640	3,925	3,812	3,675	7	7	7	183	180	183
HPHC	723	654	710	5,614	4,635	4,667	7	7	7	239	237	181
Oxford Health	997	727	761	2,472	2,149	1,970	6	7	7	184	177	179
United	997	727	761	2,472	2,149	1,970	6	7	7	184	177	179

					LI	TCHFIEL	D COUN	ГΥ				
	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals		Р	harmacie	:s
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Aetna Life	200	193	174	545	528	537	2	3	3	39	40	40
Anthem	153	146	129	167	170	170	2	2	2	39	40	40
Cigna H & L	227	227	214	465	465	470	2	3	3	38	40	40
ConnectiCare Benefits	244	135	150	757	202	207	2	3	3	39	39	39
ConnectiCare	246	137	150	768	212	217	2	3	3	39	39	39
HPHC	58	81	60	347	652	305	3	4	4	48	47	40
Oxford Health	140	107	116	360	330	333	2	2	2	39	40	40
United	140	107	116	360	330	333	2	2	2	39	40	40

-3-77					M	IDDLESE	X COUNT	Υ				
	Primary	Care Ph	ysicians	Physic	cian Spec	cialists		Hospitals		Р	harmacie	es
The second second	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Aetna Life	223	213	197	489	490	479	1	1	1	36	38	38
Anthem	204	211	224	215	259	262	1	1	1	39	38	38
Cigna H & L	299	301	272	437	456	427	1	1	1	37	38	36
ConnectiCare Benefits	273	218	210	421	189	190	1	1	1	39	38	38
ConnectiCare	274	222	211	453	213	206	1	1	1	39	38	38
НРНС	80	96	75	347	779	415	1	1	1	49	49	36
Oxford Health	209	154	164	390	341	296	1	1	1	37	37	37
United	209	154	164	390	341	296	1	1	1	37	37	37

					NE	EW HAVE	N COUN	TY				
	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals		Р	harmacie	:s
	2018				2017	2016	2018	2017	2016	2018	2017	2016
Aetna Life	1,324	1,283	1,230	3,004	2,916	2,905	6	7	7	184	186	181
Anthem	1,273	1,246	1,169	1,273	2,465	2,449	6	6	6	188	188	183
Cigna H & L	1,760	1,674	1,521	4,010	3,955	3,810	6	7	7	183	183	179
ConnectiCare Benefits	1,568	1,331	1,249	4,074	2,722	2,703	6	7	7	189	188	183
ConnectiCare	1,610	1,408	1,331	4,134	2,777	2,749	6	7	7	189	188	183
НРНС	447	476	377	4,654	5,036	3,968	5	5	5	227	224	175
Oxford Health	1,012	774	776	2,901	2,557	2,396	7	6	6	182	185	177
United	1,012	774	776	2,901	2,557	2,396	7	6	6	182	185	177

					NE	W LOND	ON COU	NTY				
	Primary	Care Ph	ysicians	Physic	cian Spec	cialists		Hospitals		Р	harmacie	es
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Aetna Life	271	263	251	727	655	627	2	2	2	51	52	52
Anthem	302	295	284	417	424	411	2	2	2	52	52	54
Cigna H & L	393	277	269	985	745	674	2	2	2	58	59	58
ConnectiCare Benefits	324	310	303	841	601	584	2	2	2	55	56	54
ConnectiCare	326	311	307	871	634	606	2	2	2	55	56	54
НРНС	117	123	112	834	1,078	683	2	2	2	64	64	49
Oxford Health	247	211	195	604	502	447	1	2	2	53	53	53
United	247	211	195	604	502	447	1	2	2	53	53	53

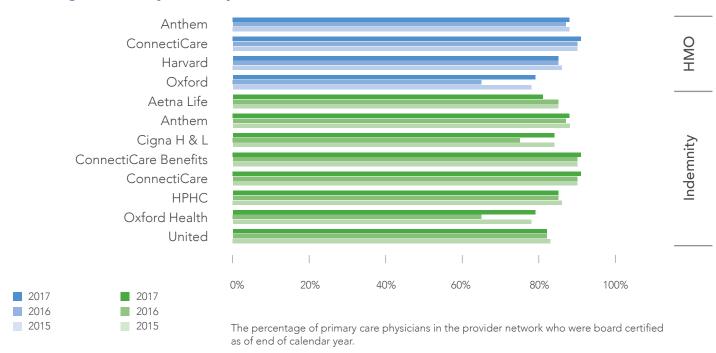
					Т	OLLAND	COUNT	Y				
	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals	}	Р	harmacie	es :
The state of the s	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Aetna Life	149	155	146	355	338	340	2	2	2	22	24	24
Anthem	99	90	89	56	57	70	2	2	1	23	24	25
Cigna H & L	196	259	212	356	397	308	2	2	2	22	23	23
ConnectiCare Benefits	186	97	96	272	79	85	2	2	2	23	24	25
ConnectiCare	188	100	98	274	81	87	2	2	2	23	24	25
HPHC	43	67	45	235	597	237	2	2	2	39	39	22
Oxford Health	126	92	100	347	263	189	2	2	2	23	25	25
United	126	92	100	347	263	189	2	2	2	23	25	25

					٧	VINDHAM	1 COUNT	Υ				
	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals		Р	harmacie	es
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Aetna Life	147	139	134	263	259	250	2	2	2	22	22	22
Anthem	119	116	116	117	111	124	2	2	2	23	22	22
Cigna H & L	182	166	156	360	308	297	2	2	2	23	22	22
ConnectiCare Benefits	175	122	122	314	163	145	2	2	2	23	22	22
ConnectiCare	179	128	127	321	170	152	2	2	2	23	22	22
HPHC	63	75	55	221	454	160	2	2	2	39	34	24
Oxford Health	113	106	103	234	178	171	2	2	2	23	21	22
United	113	106	103	234	178	171	2	2	2	23	21	22

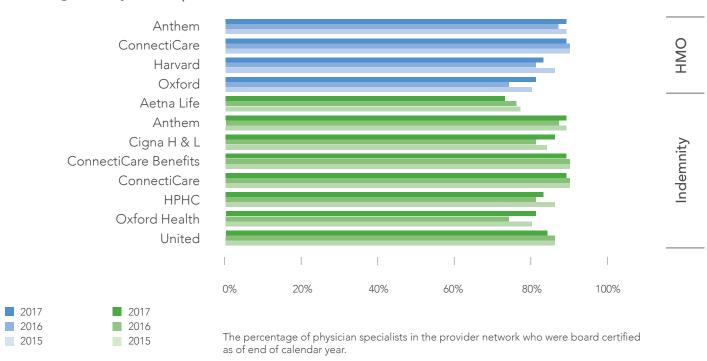
					ТС	TAL, ALL	COUNTI	ES				
	Primary	Care Ph	ysicians	Physic	cian Spec	ialists		Hospitals		Р	harmacie	es
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Aetna Life	4,620	4,498	4,296	10,523	10,046	9,915	28	30	30	697	708	701
Anthem	4,506	4,338	4,128	7,574	7,374	7,355	28	28	27	712	709	706
Cigna H & L	6,285	6,052	5,605	13,954	13,743	13,080	28	30	30	715	712	708
ConnectiCare Benefits	5,661	5,359	5,094	13,663	10,373	10,005	28	30	30	716	711	706
ConnectiCare	5,772	5,538	5,278	14,044	10,736	10,351	28	30	30	716	711	706
HPHC	2,056	2,090	1,879	14,776	16,479	12,545	28	29	29	921	907	687
Oxford Health	3,860	2,934	2,930	9,589	8,330	7,723	27	28	28	707	698	691
United	3,860	2,934	2,930	9,589	8,330	7,723	27	28	28	707	698	691

2017 DATA

#### Percentage of Primary Care Physicians Who Are Board Certified

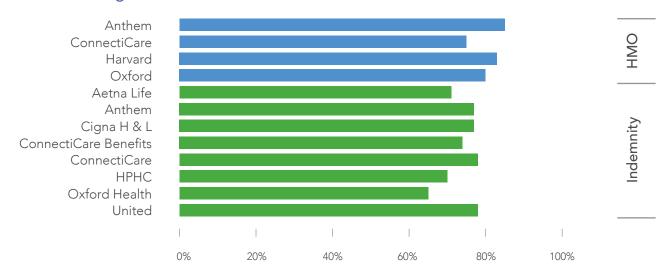


### Percentage of Physician Specialists Who Are Board Certified



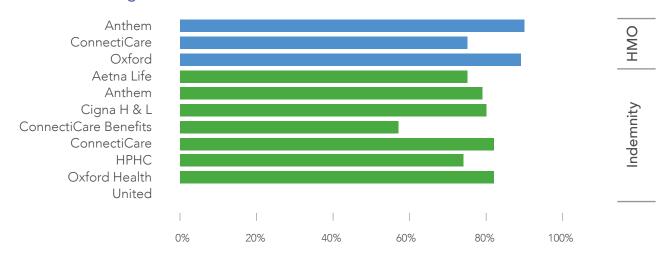
2017 DATA

#### **Breast Cancer Screening**



The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2017; and (b) were continuously enrolled from October 1, 2015, through December 31, 2017; and (c) had 1 or more mammogram between October 1, 2015, and December 31, 2017.

#### **Cervical Cancer Screening**

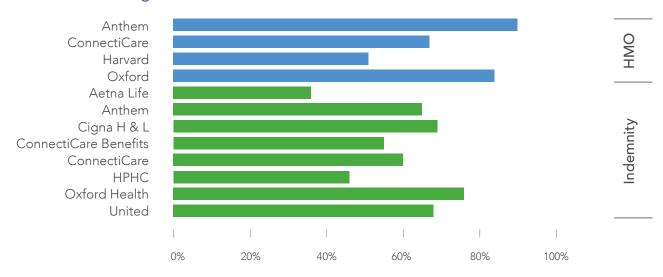


The percentage of enrolled women who: (a) were age 24 through 64 years as of December 31, 2017; and (b) were continuously enrolled during 2015, 2016, or 2017; and (c) who were either: (A) a woman age 21-64, who had cervical cytology performed during 2015, 2016, or 2017; or (B) from the women that did not meet (A) that are age 30-64 asof December 31, 2017, who had cervical cytology and human papillomavirus (HPV) with service dates four or less days apart during 2017 or 4 years prior to 2017, and were 30 years or older on the date of both tests.

Note: Harvard (HMO) was excluded from chart as proportion served was 0%.

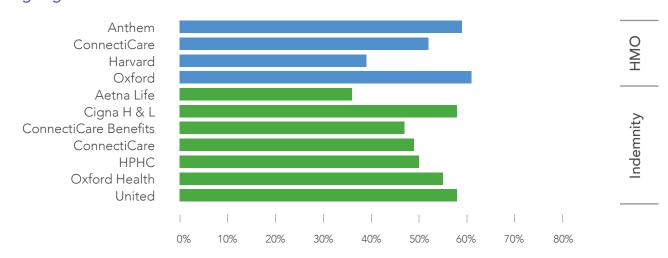
2017 DATA

#### Colorectal Cancer Screening



The percentage of members ages 51 through 75 years as of December 31, 2017, who were continuously enrolled during 2016 and 2017 and who had one or more screenings for colorectal cancer, as defined by any of the following criteria: (a) fecal occult blood test (FOBT) during 2017; (b) flexible sigmoidoscopy during 2017 or the 4 years prior to 2017; (c) colonoscopy during 2017 or the 9 years prior to 2017; (d) CT colonography during 2017 or the 4 years prior to 2017; or (e) FIT-DNA test during 2017 or the 2 years prior to 2017.

#### Controlling High Blood Pressure

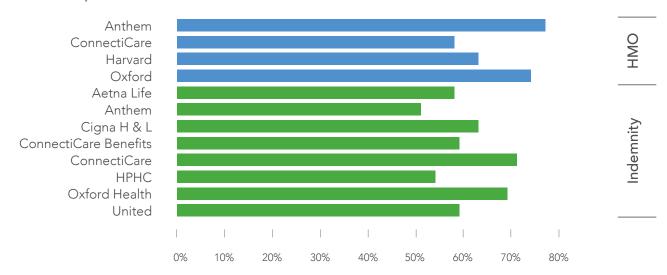


The percentage of members age 18 through 85 years as of December 31, 2017, who were continuously enrolled during 2017, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled during 2017, based on any of the following criteria: (a) members 18-59 years of age whose BP was <140/90 mm Hg; (b) members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg; or (c) members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Note: A single rate is reported and is the sum of all 3 groups. Anthem (Indemnity) was excluded from chart as proportion served was 0%.

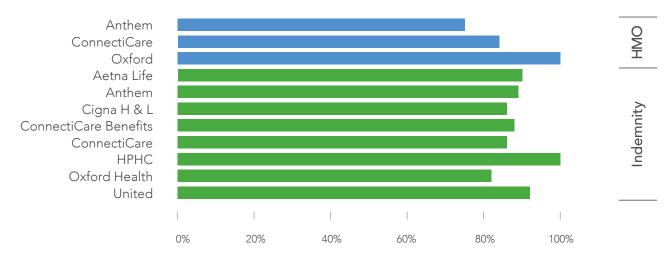
2017 DATA

#### Eye Exams for People with Diabetes



The percentage of all member with diabetes (Types II and I) who: (a) were enrolled on December 31, 2017; and (b) were 18 through 75 years during 2017; and (c) were continuously enrolled during 2017; and (d) had either a retinal or dilated eye examination in 2017, or a negative retinal or dilated eye examination in 2016, or a bilateral eye enucleation anytime during the member's history through December 31, 2017.

#### Beta Blocker Treatment After a Heart Attack

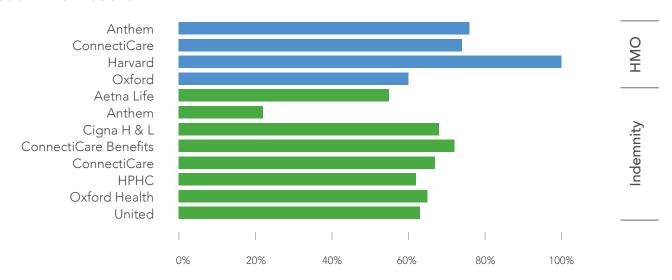


The percentage of all members who: (a) were age 18 years and older as of December 31, 2017; and (b) were hospitalized and discharged between July 1, 2016, and June 30, 2017; and (c) were continuously enrolled from the discharge date through 179 days after discharge; and (d) had a diagnosis of Acute Myocardial Infarction (AMI); and (e) received persistent beta blocker treatment for 6 months after discharge.

Note: Harvard (HMO) was excluded from chart as proportion served was 0%.

2017 DATA

#### Childhood Immunizations



The percentage of enrolled children who: (a) turned two years old during 2017; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received the recommended immunizations on or before the child's second birthday including polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, rotavirus and hepatitis A.

#### Immunizations for Adolescents

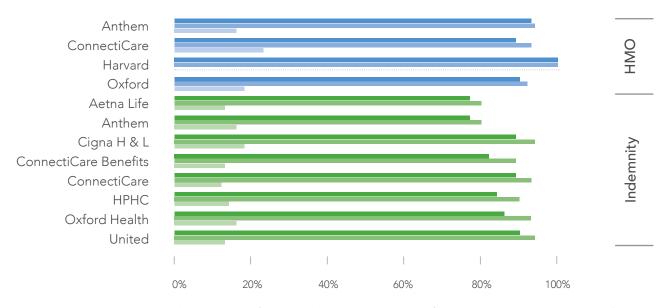
В

С

В

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Did not report

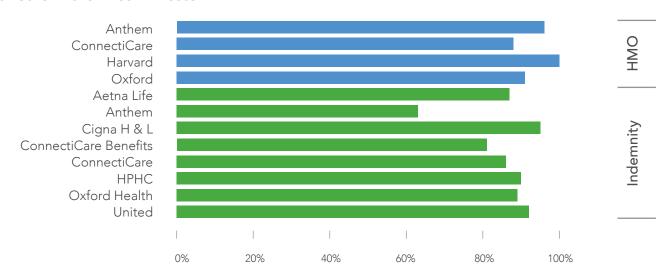


The percentage of members who: (a) turned 13 years of age during 2017; (b) were continuously enrolled for the 12 months prior to their 13th birthday; (c) had: (A) at least one meningococcal conjugate vaccine with date of service (DOS) on or between their 11th and 13th birthdays; (B) at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) with DOS on or between the member's 10th and 13th birthdays; or (C) at least 3 human papillomavirus (HPV) vaccines with different DOS on or between their 9th and 13th birthdays, or at least 2 HPV vaccines with different DOS on or between their 9th and 13th birthdays.

Note: Harvard (HMO) was excluded from chart for category C because proportion served was 0%.

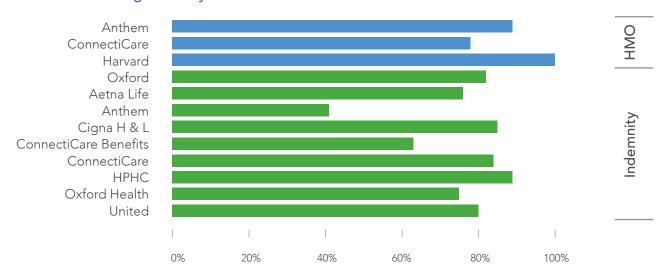
2017 DATA

#### Prenatal Care in the First Trimester



The percentage of enrolled women who: (a) delivered a live birth between November 6, 2016, and November 5, 2017; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and (c) had at least one prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment in the MCO.

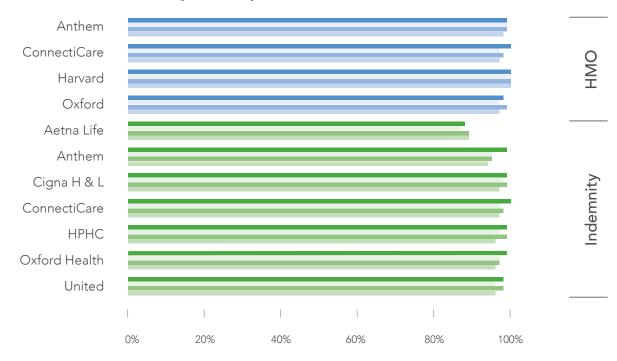
#### Postpartum Care Following Delivery



The percentage of enrolled women who: (a) delivered a live birth between November 6, 2016, and November 5, 2017; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and (c) had a postpartum visit on or between 21 and 56 days after delivery.

2017 DATA

#### Child and Adolescent Access to Primary Care Physicians





The percentage of members 12 months - 19 years of age who had a visit with a Primary Care Physician (PCP) based on the following age criteria:

- (A) 12-24 months of age as of December 31, 2017, who were continuously enrolled in the plan during 2017 and had a PCP visit during 2017;
- (B) 25 months-6 years of age as of December 31, 2017, who were continuously enrolled in the plan during 2017 and had a PCP visit during 2017;
- (C) 7-11 years of age as of December 31, 2017, who were continuously enrolled in 2016 and 2017 and had a PCP visit during 2016 or 2017;
- (D) 12-19 years of age as of December 31, 2017, who were continuously enrolled in 2016 and 2017 and had a PCP visit during 2016 or 2017.

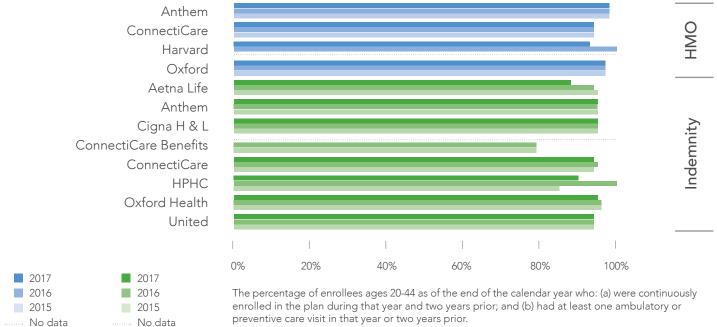
Note: ConnectiCare Benefits (Indemnity) unable to provide data due to vendor issue.

2017 DATA

(see note)

(see note)

### Adult Access to Preventive and Ambulatory Care, Ages 20-44

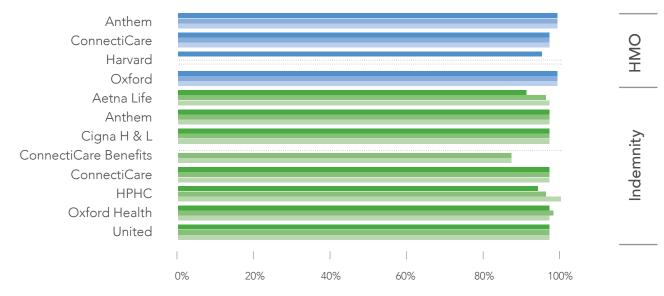


preventive care visit in that year or two years prior.

Note: ConnectiCare Benefits (Indemnity) unable to provide data due to vendor issue. Harvard (HMO) was excluded from chart for 2015 as they did not meet continuous enrollment criteria for that year.

2017 DATA

#### Adult Access to Preventive and Ambulatory Care, Ages 45-64





The percentage of enrollees ages 45-64 as of the end of the calendar year who: (a) were continuously enrolled in the plan during that year and two years prior; and (b) had at least one ambulatory or preventive care visit in that year or two years prior.

Note: ConnectiCare Benefits (Indemnity) unable to provide data due to vendor issue. Harvard (HMO) was excluded from chart for 2015 and 2016 as they did not meet continuous enrollment criteria for those years.

## Help and Additional Information

The following state agencies, federal agencies, or nonprofit organizations also provide information concerning specific health insurance issues.

Agency	Agency Type of Inquiry Telephone		Website	
	Insurance policies, companies, producers and external appeals	(800) 203-3447 (860) 297-3900	www.ct.gov/cid	
Office of the Healthcare Advocate	Managed care problems or questions	(866) 466-4446	www.ct.gov/oha	
CT Department of Public Health	Providers and medical facilities	(800) 842-0038	www.ct.gov/dph	
U.S. Department of Labor	Employer self-funded or self-insured health plans	(617) 565-9600	www.dol.gov	
National Committee for Quality Assurance (NCQA)	Care measures	(800) 839-6487 (888) 275-7585	www.ncqa.org	
CT Health Channel	A single online source for CT public and private health insurance information	(877) 263-1997	www.cthealthchannel.org	
CT Department of Social Services	HUSKY Healthcare	(877) 284-8759	www.ct.gov/dss	
•	Information on healthcare reform and insurance options		www.healthcare.gov	
Access Health CT (CT Insurance Exchange)	Online source for health insurance	(855) 805-4325	www.accesshealthct.com	

### Companies Not Included in this Report

Listed here is an additional licensed company that reported the same information but was not included in this guide as they currently only offer limited duration policies of less than 3 months. The information found in this guide is available directly from the companies or at the offices of CID.

Name	Address
Aetna Health Inc.	151 Farmington Avenue Hartford, CT 06156
Cigna HealthCare of Connecticut, Inc.	900 Cottage Grove Road Hartford, CT 06152
Connecticut General Life Insurance Company	900 Cottage Grove Road Hartford, CT 06152
Golden Rule Insurance Company	7440 Woodland Drive

Indianapolis, IN 46278-1719

### Worksheet

### Use the worksheet to compare options.

In addition to this report card, you will need provider directories, premium rates, and descriptions of benefits for each plan you are considering.

		Option 1	Option 2	Option 3	Option 4
Company or Plan Name					
SERVICE PROVIDERS	Includes my current physician(s)				
	Includes the hospital I prefer				
	Referral needed to see a specialist				
	Includes out of network coverage				
COVERAGE INCLUDED	Family planning				
	Prescription drug				
	Hospice care				
	Physical therapy				
	Medical equipment				
	Routine eye exam				
	Routine hearing exam				
	Mental health benefits				
	My other health needs				
COSTS	Premium or employee contribution				
	Deductible amount				
	Coinsurance				
	Lifetime maximum benefit that plan pays				
COPAYMENT AMOUNTS	Physician office visit				
	Specialist office visit				
	Emergency room				
	Urgent care facility				
	Hospital inpatient				
	Outpatient surgical facility				
	Prescription drugs				

